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# **A phenomenological inquiry into heterosexual men's experience of gender identity in couples therapy as client**

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Submitted by Mark St John Paget

in partial fulfilment of the requirements for the degree of  
DProf in Existential Psychotherapy

**New School of Psychotherapy and Counselling, London**

Primary supervisor: Dr Niklas Serning

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November 2018

## **Dedication**

For Charlie, as promised. Without whom I would have given up. Here's to you CC.

### **Statement of authorship**

This thesis is written by Mark St John Paget and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the degree of DProf in Existential Psychotherapy. The author is wholly responsible for the content and writing of the thesis and there are no conflicts of interest.

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## **Abstract**

Forty-two per cent of marriages in England and Wales end in divorce (ONS, 2016) and the heterosexual couple continues to be the largest relationship type in 2017 (Relate, 2017). This research presents an in-depth, phenomenological exploration illuminating the experiences of being a heterosexual male in relationship therapy. The literature review describes the dearth of research into this demographic, with no prior research being found based on the experience of such men in therapy.

Semi-structured interviews were conducted with twelve men and the resulting transcripts subjected to Interpretative Phenomenological Analysis (IPA).

Six major themes are presented that widely challenge societal and therapeutic perspectives on men in couples therapy. The findings present a picture of men who feel unloved, uncherished, misunderstood and lonely, who deeply care about their relationship, partner and loved ones. Aware of societal changes in terms of gender roles, the participants describe key influencers on them in terms of being a man and as a man in relationship with a woman. The active consideration of the effect of the gender of the couples therapist on therapy is also revealed by participants who allude to differences in communication style between them and women.

The discussion compares the experiences of the participants with five published articles written from the perspective of expert as well as with the general therapeutic literature, which is explored in the background literature section.

The thesis concludes with a recommendation that all genders are actively considered in therapy and therapeutic research rather than the current trend to focus only on gender in relation to minorities or disadvantaged groups, and to acknowledge the embeddedness of gender and gender constructs for clients irrespective of the therapeutic approach or philosophical beliefs of the therapist.

**Keywords:** Couples therapy. Relationship counselling. Heterosexual men. Straight Men. Experience. Men care. Men communication. Male awareness. Gender roles. Amor Fati. Gender equality.

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# 1 INTRODUCTION

## 1.1 Research aims

The aim of the research is to learn more about the experience of couples therapy from the perspective of the heterosexual male client.

Specific psychotherapy and counselling research tends to be conducted into minority or disadvantaged groups (Meth, Pasick, & Gordon, 1990), meaning that the heterosexual man has not received much inquiry into his experiences (Clamet, 2014; Thomas, 1993; Wexler, 2009b). Most writers about therapy, however, until relatively recently, have been men. This has arguably resulted in theories about therapy that are based on Western, patriarchal society and male-dominated worldviews despite most clients being female (Bograd, 1991; Burck & Speed, 1995; Butler, 1999; Cancian, 2008). Fassinger and Ritchie (1997) propose that a sociocultural bias has positioned heterosexual men as the taken-for-granted norm against which all others are measured and therefore they have not warranted research.

While various research papers have been identified around specific 'male' issues such as fathering, no research articles about the experiences of these men in couples or individual therapy have been located. Texts are invariably written by experts, be that therapists, philosophers or academics, and not from the perspective of the participants. This means that rather than learning what does and does not work from the couple's perspective, the texts are arguably assumptive as they are based on perception and views of the invariably male expert(s), in a similar fashion to the top-down writings of Freud (Freud, 1953, 1989; Freud & Strachey, 1952), the 'grandfather' of *psychoanalysis* (Bateman & Holmes, 1995; Kohut, 2009).

This research is set against a cultural backdrop in which traditional masculine traits seem to be needed, and respected, less in the West (Faludi, 1999; Kimmel, 2013) and where men are three times more likely to commit suicide than women in the UK, with the highest suicide likelihood per 100,000 men between the ages of 40 and 59 (Samaritans, 2017, p. 25), the age range of the participants.

Therapeutically, heterosexual men are under-represented in the therapy room (Kampf, Marshall, & Petersen, 2013) and this study aims to explore how they experience being a male in couples therapy. Latest statistics (ONS, 2016) estimate that 42% of marriages in England and Wales end in divorce. Couples cohabiting who are not married amounted to 5.9 million people in the UK in 2012, double the 1996 figure (Cabrera & Tamis-LeMonda, 2013) and the cohabiting heterosexual couple continued to be the fastest growing family type in 2015 (Relate, 2017).

The percentage of marriages ending in divorce increases more rapidly in the first 10 years of marriage than in the subsequent 10 years (Lamb, 2010) and is highest in those aged 40-44 (Relate, 2017). The chances of divorce are greatest between year four and eight of marriage, the mean time period when heterosexual couples in wedlock have their first child (Robey, Wubbolding, & Carlson, 2012). Ninety per cent of children live with their mother following separation or divorce (Lamb, 2010). Research has also shown that almost fifty per cent of men have lost contact with their children within two years of separation or divorce (Burck & Speed, 1995). Reasons for this are complex and varied, and are not the remit of this thesis to explore. However, it is widely accepted that the maintenance of some form of relationship between a child's parents is valuable for the well-being of a child as it allows contact with both parents post-relationship (Cabrera & Tamis-LeMonda, 2013; Lamb, 2010; Nease & Austin, 2010; Townsend, 2002).

Couples therapy is therefore important on many levels. Relate, the biggest provider of couples therapy in the UK, worked with 70,139 couples in 2016 (Relate, 2016). Relate claim positive results: an independent study from the Newcastle Centre for Family Studies found 58% of Relate clients felt that their relationship was better one year after counselling (Walker & McCarthy, 2001), while Relate claim 86% of clients feel confident about their relationship after counselling (Relate, 2016). Other studies are less positive, putting the success rate for counselling at 11-18% (Roleff & Williams, 1997). Poor success rates are often attributed to couples seeking therapy too late, when their relationship has already irrevocably broken

down (Busby & Holman, 2009; Robey et al., 2012). It should be noted, however, that 'successful' couples therapy may lead to the couple separating and/or divorcing.

## 1.2 Research question

The research question is:

"A phenomenological inquiry into heterosexual men's experience of gender identity in couples therapy as client"

The study's primary objective will be to explore the experiences of heterosexual, British, cisgender men in couples therapy. Stereotypes of strong, hard men persist in society despite the decline in traditional male occupations in the western world (Faludi, 1999; Gaag, 2014). The research aims to look at the dynamic in the therapy room within the triad of therapist and heterosexual couple from the male client's perspective. This research will also discuss any intersections between the dominant cultural views of heterosexual men as explored in the background and literature review sections and those reported by the participants.

Culturally, shifts occur in what being masculine entails. For example, in the 1920s young boys would commonly wear dresses rather than trousers, with pink being the more suitable colour for boys (Richards & Barker, 2013). More recently, *The Great British Bake Off* (Collister, Berry, & Hollywood, 2012) has enabled baking to be viewed as acceptable for men where it was traditionally seen to be a female pursuit. The study will aim to explore the participants' view of 'maleness' against a backdrop of the western world's prevalent gender stereotypes of men as:

*"Competitive and ambitious"*

*Independent and capable of making decisions*

*Rational and not easily overcome by emotion*



*A perpetrator of abuse/violence, but not a victim*

*Tough and able to look after themselves*

*Physically strong and good at performing*

*Always ready and keen to be sexual*

*Confident and assertive*

*Dominant and able to lead others*

*Strongly identified by their job*

*Risk-taker”*

*(Richards & Barker, 2013, p. 68)*

Couples therapy is used as the therapeutic encounter and setting for this research for the following reasons:

- Attendance at couples therapy will identify participants who are experiencing problems with their relationships (Bograd, 1991; Shepard & Harway, 2012)
- Gender is likely to be explored in couples therapy by the therapist (Philpot, 1997; Shepard & Harway, 2012; Sweet, 2012)

The research is explicitly *not* about the competence of the therapist therefore the gender, sexuality, experience, modality or religion of the therapist are not deemed relevant to this study and, as such, are anonymised throughout.

My own experience of gender and sexuality will be compared and contrasted with both the individual experiences of the men as well as any generic themes that emerge from their stories. This will add to the overall reflexivity in the work. As a further step towards balance, my supervision team consists of a male and female supervisor.

In summary, my research aims to shine a light on some of the experiences of the British heterosexual male in general and in couples therapy as client in the year 2017 with regards to gender identity.

### **1.3 A little about me**

I am a 49-year-old cisgender, British man with a sexual identity that would commonly be referred to as gay.

I became interested in learning about heterosexual men as a result of my work as a therapist in a sexual health service. My formal training as a psychotherapist had involved modules on families and systems, sexuality, non-cisgender genders, diversity and ethical practice, but no specific training had been included on heterosexual people or on cisgender men. During my various placements, I worked with heterosexual people and it was only upon reading one chapter on heterosexuality and another on cisgender people in *Sexuality & Gender for Mental Health Professionals: A Practical Guide* (Richards & Barker, 2013) that I realised I had never really considered what life was actually like for such people! I was amazed to read about some of the issues faced by cisgender, heterosexual people and felt determined to learn more.

At the age of 42, at the start of my therapeutic training, I had also been shocked to discover that I had been living in relationship with a man for eighteen years based on heteronormative values. Indeed, the term 'heteronormative' was a revelation to me when I first heard it from my research supervisor at the start of my MSc program. My subsequent research into heteronormativity (Paget, 2012, 2016) and work in and out of personal therapy made me realise how I had aimed to replicate a heterosexual relationship, perhaps in an attempt to gain acceptance and validation from my family, colleagues and society as a whole, in my now ended long-term relationship. My former partner and I had tried couples

counselling at Relate but for me the relationship had irrevocably broken down by then and, after attending once, separation ensued, which was absolutely not Relate's fault.

During my subsequent formal training as a therapist, I was often 'accused' of being a feminist by some people in my cohort and even by a couple of lecturers. I always countered that I preferred to think of myself as a 'gender-equitist' – my own term for believing in equality and fairness irrespective of gender, non-gender, sexuality or non-sexuality.

### **1.3.1 Gender-equitist; a personal definition**

My definition of being gender-equitist is an active commitment to fairness of treatment to individuals and groups regardless of their gender, according to their respective needs. This may include equal treatment or treatment that is different, but which is considered equivalent in terms of rights, benefits, obligations and opportunities (thus the use of the term 'equity' as opposed to 'equality' here is important:

*"Equity and equality are two strategies we can use in an effort to produce fairness. Equity is giving everyone what they need to be successful. Equality is treating everyone the same. Equality aims to promote fairness, but it can only work if everyone starts from the same place and needs the same help"*

*(Sun, 2014)*

Thus, if gender equality is an ultimate aim, offering equity is the tool towards achieving such an aim (Coltrane, 1997; Stryker, 2018), and thus acknowledging that inequality abounds between and within all gender and presentations in different arenas, different cultures and different times (Rapoport, Bailyn, Fletcher, & Pruitt, 2002) , hence the use of the catch-all term of 'gender'.

Gender is a central theme within this thesis. Many theories around gender exist that in their simplest form are based on a dichotomous principle of woman and man, each of which cannot exist without the other to enforce what they are and they are not (H. Davies & O'Callaghan, 2016; Richards & Barker, 2013; Roughgarden, 2013). Examples include tropes of women being emotional while men are rational, men being aggressive and a perpetrator of abuse, but not a victim, while women are victims of abuse/violence and not a perpetrator (Braidotti, 2011; Adrienne Harris, 2009; Richards & Barker, 2013). Thus, male and female are categories that seem to be formed out of their opposition, thus forming power dynamics that are often antagonistic yet often compatible. Gender-equity goes beyond man and woman, gay or straight, respecting individual freedom while acknowledging power, societal and other imbalances. In addition, the one-dimensional continuum of gender with male on one end and female on the other, with trans and other genders sandwiched between such extremities (Corey, 2013; Robinson & Hockey, 2011; Seidman, 2010; Taylor, Hines, & Casey, 2011) seems a rather linear and reductive presentation of a complex phenomenon. The same limitation exists with popular theories of sexuality, with exclusively gay at one end of the continuum and exclusively heterosexual on the other, with other sexualities (apart from asexuality which defies such wisdom (Paget, 2016)) within these boundaries (Richards & Barker, 2013; Roughgarden, 2013).

My view of being human in terms of sexuality and gender is grounded in a more organic, less structured, less linear approach that defies reduction into a simple, replicable, reductionist diagram based on linear poles of existence or scientific principles.

Of course, to sit calmly and ethically in such a position entails, for me, an explicit acknowledgement that power imbalances exist in the world that have been used and continue to be used to oppress people because of their embodiedness in a form that has characteristics that can be used to oppress or privilege. Numerous theories of gender exist (Barker, 2015; Burck & Speed, 1995; Adrienne Harris, 2009; Kimmel, 2008; Kunkel & Nielsen, 1998; Roughgarden, 2013), with movements and ideologies that often overlap and often

oppose, including first-wave feminism (Banks, 1986), cultural feminism (Mackay, 2015), radical feminism (Anita Harris, 2008), masculism (Defassa, 2009), queer theory (Yep, Lovaas, & Elia, 2003), intersectionality (Taylor et al., 2011), and trans theory (Barrett, 2007), amongst others. Political, social, theological, economic and biological influences also shape gender and sexuality theory. Being a gender-equitist is part of this complex myriad of diversity.

#### 1.4 Terminology

*Biological sex* is based on the physiological characteristics of males and females that are determined by hormones, chromosomes, genitalia and internal organs (Butler, 2004; Eckert & McConnell-Ginet, 2003; Kimmel, Aronson, & Kimmel, 2008) such as vagina, ovaries, eggs, oestrogen levels and menstruation for females and penis, testis, sperm and testosterone levels for males (Robinson & Hockey, 2011). Currently in the UK, legally only two sexes exist, namely male and female (Gov.uk, 2004), and children are raised according to their sex. This means that there are typically two 'normal' genders, male and female, "and that they are *dichotomous* in that there is no crossover between them" (Richards & Barker, 2013, p. 58).

*Cisgender* is a term used for people who are content to remain in the gender they were assigned at birth (Dictionary, 2018a). It was added to the Oxford Dictionary in 2015 (C. Green, 2015) and Merriam-Webster in 2016 (Chokshi, 2016).

*Couples therapy* is the term used for couples counselling, relationship therapy and marriage counselling that helps clients to explore issues in their relationships with an aim of either separating amicably or improving their relationship.

*Dasein* is a German word that means 'being there' or 'present' and is often translated into English with the word 'existence' (Cohn, 2002). It is a fundamental concept in the philosophy of Martin Heidegger (Heidegger, 1962a, 1962b). Heidegger uses the term *Dasein* to refer to the experience of being that is peculiar to human beings (Heidegger, 1962a). Thus,

“it is a form of being that is aware of and must confront such issues as personhood, mortality and the dilemma or paradox of living in relationship with other humans while being ultimately alone with oneself” (Polt, 2006, p. 26).

*Eigenwelt*: “the personal, private, psychological domain or the Eigenwelt (own world)” (Van Deurzen, 2010, p. 135). The way one relates to one’s own world.

*Existential four worlds*: European existential psychotherapy explores fundamental issues of individuals’ feelings of solitude, meaninglessness, anxiety (or dread) and mortality in pursuit of developing self-awareness. These feelings are grounded in and connected through four ‘worlds’: the *Umwelt* or ‘world around’ of biology and ecology; the *Mitwelt* or social dimension of existence in which, regulated by our feelings, we relate with other humans in culture and society through language in a public realm of experiences; the *Eigenwelt* or ‘world of self’ in which our sense of identity grows through or is expressed by feelings, thoughts or character traits, marked by tensions between personal strengths and weaknesses and expressed in personal stability or instability; and (controversially) the *Überwelt* of beliefs and values that contextualises the rest of our experiences (Van Deurzen & Arnold-Baker, 2005). Thinking in this manner requires individuals to be “wary and careful in the choices and dilemmas that life offers them, considering good and bad intentions, purpose and objectives, happiness and sadness, and anxiety and despair” (Smallman, 2014, pp. 3-4)

*Facticity* denotes the givens of our situation such as our race, sex, nationality and language, our talents and our limitations, the others that we deal with as well as our previous choices (Depraz & Zahavi, 1998; Sartre, 1969)

*Gender* can be defined as the psychological and sociocultural constructs concerning masculinity and femininity that can change over time. In the words of the World Health Organization (WHO): “While most people are born either male or female, they are taught appropriate norms and behaviours – including how they should interact with others of the same or opposite sex within households, communities and work places” (WHO, 2018).

Gender is further discussed in section 'Background literature, Existential perspectives on gender'.

**Gender identity** involves our self-conception of our gender; it concerns how I see myself, how I feel about myself, how I feel about myself and my gender identity, and it may or may not have an organic component (Richards & Barker, 2013). Gender identity can correlate with biological sex assigned at birth or it can differ from it (Taylor et al., 2011). All societies have a set of gender categories that can serve as the basis of the formation of a person's social identity in relation to other members of society (Roughgarden, 2013; Rowland & Incrocci, 2008).

**Gender equality** refers to "equal chances or opportunities for groups of women and men to access and control social, economic and political resources, including protection under the law (such as health services, education and voting rights)" (WHO, 2018). It is also known as equality of opportunity – or formal equality.

**Gender role** refers to what males and females are expected to do (in the household, community and workplace) in a given society. It is defined as "the social and perceived expectations of gendered acts or expressions" (WHO, 2018). For example, expectations that boys will play with guns and girls will play with dolls, that boys (in the West) wear trousers and that girls can wear trousers or skirts, and that boys have girlfriends and girls have boyfriends.

**Heteronormativity** is the idea of heterosexuality as 'the norm'. Richards and Barker (2013, p. 146) define this as "having other assumptions associated with it such as (in many Western cultures) being a couple, getting married, having a family, owning a car, wearing the 'right' clothes and meeting the key landmarks in life".

**Heterosexual** in this thesis refers to men whose sexual identity is based on attraction to women. This does not preclude men who enjoy sex with men but excludes men who identify their sexualities as other than heterosexual. Heterosexual also applies to women

whose sexual identity is based on attraction to men. Again, it does not preclude women who enjoy sex with women but excludes women who identify their sexualities as other than heterosexual.

**Masculinity:** "Qualities or attributes regarded as characteristic of men. *'handsome, muscled, and driven, he's a prime example of masculinity'*" ("Oxford Dictionary," 2018).

**Misandristic:** Adjective of misandry.

**Misandry:** "Dislike of, contempt for, or ingrained prejudice against men" (Dictionary, 2018c).

**Mitwelt:** "the social, public, cultural domain or the Mitwelt (with world)" (Van Deurzen, 2010, p. 135). A focus on human interrelationships.

**MOT:** "The MOT test (Ministry of Transport, or simply MOT) is an annual test of vehicle safety, roadworthiness aspects and exhaust emissions required in the United Kingdom for most vehicles over three years old used on any way defined as a *road* in the Road Traffic Act 1988" (Gov.uk, 2018).

**Therapy** in this thesis refers to the endeavour of therapeutic practice. I have largely used the term 'therapy' to describe 'counselling', 'psychotherapy' and 'counselling psychology'.

**Transcendence:** Sartre (1969) uses transcendence to describe the relation of the self to the object-oriented world, as well as our concrete relations with others.

**Überwelt:** "the spiritual, interpretive, ideological domain or the Überwelt (above world)" (Van Deurzen, 2010, p. 135).

**Umwelt:** "the physical, natural, material domain or the Umwelt (around world)" (Van Deurzen, 2010, p. 135).



## **1.5 Conventions**

Use of the term 'heterosexual' as opposed to 'straight' in reference to the research participants reflects how they largely identified themselves / their sexuality during the interviews. As such the term 'heterosexual' has been adopted throughout.

I have written principally in the first person, reflecting my acknowledgement of the subjective nature of my research (an approach supported in qualitative method literature, e.g. Banister et al., 1994; Forester, 2010).

## **2 BACKGROUND LITERATURE**

This section sets the scene for this research by reviewing literature written for a general readership by one or two contributors as well as peer-reviewed articles and expert texts. However, journal articles and texts specifically focused on men in heterosexual couples therapy are reviewed in the following section – ‘Literature review’.

Starting with a condensed recent history of heterosexual relationships, this section then outlines therapeutic perspectives on couples therapy, existential perspectives on gender as well as describing social and cultural ‘norms’ of masculinity. This section also includes a brief review of literature focused on men in therapy and identifies common prompts for couples seeking therapy.

### **2.1 Recent history of heterosexual relationships**

Heterosexual relationships were significantly different before the 18th century than they are today according to Stone (1977). Men and women lived and worked together and family life was less friendly and more utilitarian (Smith-Rosenberg, 1985). Economic considerations, including dowries, determined the choice of marriage partners, leaving little room for romantic love (Perry, 2004). Many couples married only after one or both of their parents had died; parental death not only released patrimony, it released young people from the need for parental consent (Stone 1977; Davidoff and Hall 1987; Smith 1981; Gillis 1985).

In the period from about 1760 the Industrial Revolution began in Great Britain (Hudson, 2014). Prior to this, it had been usual for all members of the family to work together at home in the family business, but the Industrial Revolution saw a shift to factory production (Cowan, 1976). This resulted in the ‘doctrine of the social spheres’, whereby men went out for paid work and women stayed in the home to perform unpaid domestic work (Touraine, 1995). In their ‘separate sphere’, women were expected to take responsibility for spiritual

and emotional guidance for their families while the men, in their sphere, were discouraged from pursuing close relationships outside of the family, meaning that men provided and received little emotional support from anyone but their wife (De Vries, 1994; Nicholas & Oxley, 1993). Men were also encouraged to dismiss any strong emotion for fear it would be interpreted as weakness or, worse, moral depravity (such as same-sex attraction) (Bernard, 1981).

In the Victorian era, from 1837 to 1901, moral concerns as well as changing economic forces and pseudo-scientific writings started to cement and restrict what was deemed to be acceptable in relationships between men and women (Smith-Rosenberg, 1985). The concept of the monogamous, companionate marriage blossomed at the expense of wider family relationships and same-sex friendships (Marcus, 2009; Robb, 2003). Women, as opposed to men, were, however, encouraged to preserve some female confidantes to support them with the stresses of being married and general family life (Marcus, 2009).

Since the Victorian era, there have been some dramatic changes in fathering, mothering, gender identities and gender roles; there has also been a sense of continuity (Cabrera & Tamis-LeMonda, 2013). The influences of economics, feminism and the sexual revolution have played significant roles in redefining heterosexual relationships in the West. The drop in the birth rate in the 1970s made the European Economic Community look at strategies to fund growing welfare and pension costs, and encouraging women once again into work was seen as a way of increasing tax receipts to plug the projected deficit (Commission., 2004, 2005). As a result, significant changes were made to welfare provision, with fathers more recently also being granted paternity rights. Indeed, shared parental leave became effective from 5 April 2015 in the UK (Gov.uk, 2014), allowing parents to effectively share maternity pay and to rotate which parent stays at home with the infant. The contribution to infant care by men and women is more likely to be negotiable compared with twenty years ago, although recent research suggests the take-up of equal parental leave has been low (Kemp, 2016; Topping, 2017). Interestingly, children as young as pre-schoolers have been shown to

clearly differentiate between the stereotyped roles of men and women (Burck & Speed, 1995; Cabrera & Tamis-LeMonda, 2013).

## **2.2 Existential perspectives on gender**

In the United Kingdom, we grow up in a society that has very strong Western cultural notions about gender identity and gender expression. These ideas affect how we see ourselves, those around us and our relationship partners. These expectations have traditionally held that there are only two types of normal (i.e. acceptable) humans: cisgender heterosexual females with typical 'feminine' characteristics and cisgender heterosexual males with typical 'masculine' characteristics (Adrienne Harris, 2009; Robinson & Hockey, 2011; Taylor et al., 2011). Traditional expectations have been so dominant that a formal word was only deemed to be needed for people who are happy with their gender as assigned at birth from around 1994 (C. Green, 2015). It should be stated that cisgender was only added to the Oxford Dictionary in 2015 (C. Green, 2015) and Merriam-Webster in 2016, the latter also adding the terms "genderqueer" – a person who identifies with neither, both, or a combination of male and female genders (Chokshi, 2016) – and "Mx.," a gender-neutral honorific (Merriam-Webster, 2017) .

Although much is written within existential philosophy about what is 'given' and what we are free to construct (Sartre, 1946; Yalom, 1980), this insight has rarely been applied to the subject of gender. Gender is not generally considered to be an existential 'given' (Van Deurzen, 1997). However, if we consider the 'givens' of existentialism to be those things that bind us independently of our freedom to choose – the constituent factors of the world we are thrown into – then the question of gender as a 'given' becomes a re-phrasing of the biological-essentialist versus the social-constructionist arguments concerning the formation of gender. That is, if gender is biologically determined it is a given (although we may still

choose how we respond to that given) whereas if gender is socially constructed it is not strictly a given (but may still be rather binding).

*Dasein* was the term chosen by Heidegger (1962a, p. 67) for the kind of being concerned with its own existence (*Dasein*, being-there, existence) in the world with others (see 'Introduction, Terminology'). One reason this name was chosen was its neutrality (Adams, 2013). In *Being and Time* (Heidegger, 1962a), we find only one reference to corporeality in the context of Heidegger's analysis of spatiality. The existence called *Dasein* is, for example, of neither a female nor male being, neither man nor woman (Cohn, 2002). Yet, Derrida remarks, this neutralisation does not mean to say that *Dasein* is asexual, without sexual existence; it is a neutralisation only of the sexual duality (Feder, Rawlinson, & Zakin, 1997; Smith-Pickard, 2009), of '*sex-do-ality*', if you will, rather than sexuality per se. As with Butler, it is the binarity of sexual difference and not sexuality as such that must be neutralised:

*"Whether a matter of neutrality or asexuality, the words accentuate strongly a negativity.... If Dasein as such belongs to neither of the two sexes, that doesn't mean that it is deprived of sex"*

*(Feder et al., 1997, p. 126)*

For Heidegger, ontology is gender-neutral; it occurs before it is necessary to classify humans as distinct sexes (Heidegger, 1953, pp. 171-172). Therefore, his analysis of human existence is often accused of forgetting about the body and, by extension, gender. Sartre (1969) criticises this stance by emphasising the body as the first point of contact that human beings establish with their world and Merleau-Ponty (1962) argues that a human being requires an accustomed body, which is familiarised with its world and that knows how to effectively get along with people, things and situations that it encounters in that world.

Merleau-Ponty, like Heidegger before him, was fascinated by our 'being-in-the-world' (Carman, 2008; Heidegger, 1962a; Polt, 2006). For Merleau-Ponty, all knowledge is

embodied and it is created in the unity between subjects and objects that is the direct result of having a body:

*"It is knowledge in the hands, which is forthcoming only when bodily effort is made, and cannot be formulated in detachment from that effort"*

(Merleau-Ponty, 1962, p. 144)

*"Embodiment refers to the principle that my body is not something I have, it is who I am. There is no functional separation between the body and mind. We are first and foremost embodied beings"*

(Adams, 2013, p. 140)

Merleau-Ponty's earliest female interlocutors, de Beauvoir and Irigaray, understood his philosophy of embodiment to be a generalisation and universalisation that negated gender (Ingram, 2008; Irigaray, 1993). However, in a paper entitled *Throwing Like a Girl* (Young, 1980), the author has applied Merleau-Ponty's work to various feminine and masculine bodies in middle-class North America, and finds that the body is gendered in terms of action. She concludes that "one aspect of acquiring a feminine gender is acquiring a feminine body, in the existential-phenomenological understanding of this" (Young, 1980, p. 154).

Simone de Beauvoir famously wrote about gender identity, stating "One is not born, but rather becomes, a woman" (Beauvoir & Parshley, 1962, p. 249). This view proposes that in gender studies, the term 'gender' should be used to refer to the social and cultural constructions of masculinities and femininities, not to the state of being male or female in its entirety or as a result of genital examination, as with the term 'sex'.

Sartre's "existence precedes essence" (Sartre, 1948, p. 33) is derived from a sentence in Heidegger's *Being and Time*: "the 'essence' of Dasein lies in its existence" (Heidegger, 1962a, p. 67). While essentialist arguments place significant reliance on biology, Sartre suggested that a human's existence does not necessarily determine their essence; "What do we mean by

saying that existence precedes essence: we mean that man first of all exists, encounters himself, surges up in the world – and defines himself afterwards... Man is nothing else but that which he makes of himself... man is, before all else, something which propels itself towards a future and is aware that it is doing so" (Sartre, 1948, pp. 33-34). Therefore, for human beings, there is no predefined pattern that we must fit into from Sartre's perspective. Sartre believed we must create our own meaning and that how we chose to lead our own lives defined us, not any set of predetermined characteristics. It is this philosophy that perhaps explains the general lack of consideration of gender within existentialist philosophy: "existentialists do not believe in any natural differences between different human beings, such as men as women" (Barker, 2011, p. 204). Both de Beauvoir and Sartre emphasise the process, fluidity and change of human existence, leading to the proposition that individuals have the freedom to choose how to be once they are aware of the fluidity and non-binary status of life. In turn, the recognition of this freedom leads to a sense of needing to accept responsibility for one's way of being because it is not fixed or already given to one by gender. Frankl (1967) also theorises that contemporary thinking offers opportunities for self-determination: "modern man has supplanted his animal instinct with self-awareness, and replaced God and tradition with individualism and materialism, thus he no longer has instinct to tell him what he must do or tradition to tell him what he ought to do" (Unknown, Unknown).

These dualistic arguments, which mirror the nature-nurture debate, have largely been resolved through recent findings that gender formation has a multi-factorial etiology that is both biologically and socially constituted (Barrett, 2007; Lev, 2004; Shaw et al., 2012). In this way, contemporary understandings may be construed as a bridge between the *eigenwelt* – the personal world of gender identity – and the *mitwelt* – the world of gender presentation. It should be noted that *mitwelt* is being used in a special sense here in recognition of the fact that gender performativity forms a class of epistemic action in which the person and the world constantly interact to constitute a person's gender and also the world that gendered

person inhabits (Richards & Barker, 2013). The term “gender performativity” was first used by Butler (1999) in *Gender Trouble* where Butler sets out to criticise what she considers to be an outdated perception of gender. This outdated perception, according to Butler, is limiting in that it adheres to the dominant societal constraints that label gender as binary. In scrutinising gender, Butler introduces a nuanced perception that “gender proves to be performance – that is, constituting the identity it is purported to be. In this sense, gender is always a doing, though not a doing by a subject who might be said to pre-exist the deed” (Butler, 1999, p. 25).

Recent research suggests that men and women continue to distinguish between masculine and feminine gender traits in a stereotypical manner (Coleman et al., 2012; Corey, 2013; Kimmel, 2013; Morse, 2012). Likewise, most women and men conform to some degree to the gendered expectations that many societies inculcate. Markovic (2017) concurs:

*“Gender is regarded as a psychological, social and cultural category; signifying social and cultural expectations of a person’s behaviour, feelings and attitude, and is fluid, varied, complex and nuanced, a subject of judgement and scrutiny of social norms”.*

*(Markovic, 2017, p. 52)*

In addition, the social norms to which men must adhere in Western society are much stricter and more rigid than those afforded women in terms of dress, occupation, childcare provision and behaviour; men have to appear ‘masculine’ for fear of being called gay (Bicchieri & Muldoon, 2011).

### **2.3 Perspectives on couples therapy**

Many approaches exist to couples therapy. While this research is not specifically about any therapeutic model or the efficacy of the therapist, the aim of couples therapy, irrespective of



approach, seem to be to create a safe, boundaried, therapeutic space to allow the participants to explore themselves, each other, their relationship and their patterns of interaction (Barker & Langdridge, 2013; Bobes & Rothman, 1998, 2002; Busby & Holman, 2009; Carl, 1990; Crosby, 1989; DeKay, Greeno, & Houck, 2002; Dryden, 1999; Englar-Carlson & Shepard, 2005; Garanzini et al., 2017; Garfield, 2004; Garfield, 2010; Goldenthal, 1996; Gordon & Allen, 1990; J. Gottman, Gottman, & Siegel, 2015; Halford, Owen, Duncan, Anker, & Sparks, 2016; Hills, 2013; H. K. Kim, Capaldi, & Crosby, 2007; S. Kim & Lyness, 2017; Knudson-Martin & Mahoney, 2009; Lebow, 1999; Moore, 2012; Muntigl, 2013; J. Neal & Slobodnik, 1991; Quilliam, 1998, 2008; Rampage, 2002; Robey et al., 2012; Shepard & Harway, 2012; Spinelli, 2007; Symonds & Horvath, 2004; Van Deurzen & Iacovou, 2014; White & Tyson-Rawler, 1995; Worden & Worden, 1998).

When researching gender and various couples therapy techniques, such as Gottman, Imago and humanistic, online searches returned results based on same-sex couples rather than heterosexual couples, potentially inferring that gender is only an issue with couples therapy with people of the same gender. The exception to this was for 'Gender Aware Therapy' (GAT), also known as gender-sensitive therapy. GAT "originates from feminist therapy, which takes into account women's issues and problems from a social perspective and context. GAT's original goal... was to expand the concept of feminist therapy to include both men and women, along with couples and families" (Neukrug, 2015, p. 57).

A common theme in the general literature about working with men in both couples and individual therapy is communication. The majority of the general literature seems to be focused around teaching men how to communicate in a way that is more in line with how women tend to communicate (Cook, 1990; Jukes, 2010; Meth et al., 1990; Shepard & Harway, 2012). One notable exception to this is *Invisible Men* where therapists are steadfastly urged to "develop ways of helping men to be more manly, since it would appear that this is what women prefer men to be" (Grove & Burnaugh, 2002, p. xii). It should be noted that there is currently no generally acceptable, complete theory of human communication. Ruesch (1963)

was the first psychiatrist to write extensively on human communication and he concludes that in order to relate to each other, a marital couple must share 'a code or language'.

Gordon and Meth (1990) note that in couples therapy it is often as if the wives and therapist are talking a different language to the male client. Indeed, "most men know that their wives want more communication, but they do not necessarily know the language their wives hope to hear... Another obstacle to communication for men is their proclivity to respond to concerns with actions rather than feelings"(Gordon & Allen, 1990, p. 191). It might be argued that this could be attributed to men being groomed as problem-solvers; they may hear their partner's communication as a call to action rather than the simple requirement of listening (Butler, 2004; Lewis, 1991; Wexler, 2009b).

In heterosexual relationships, non-communicated expectations with traditional gender-based origins create problems that can result in relationship breakdown. While Carl Whitaker, a pioneer of family therapy (Whitaker & Bumberry, 1988; Whitaker, Neill, & Kniskern, 1982; Whitaker & Ryan, 1989), does not see any need to teach communication skills to couples in therapy, preferring to acknowledge that relationships are organic and not orderly or consistent, Gordon and Allen (1990) argue that they are difficult to resolve if they remain unexamined.

The Gottman Institute also suggest that men tend to defer to women, putting themselves in a less-than position in situations that require interpersonal skills, a phenomenon that should be unpicked by the couples therapist. Gottman explain that this can manifest into relationship maintenance conversations whereby the man is intimidated by a female partner's perceived better skills, resulting in stress reactivity behaviour (J. M. Gottman, 2002; J. M. Gottman & Parker, 1986; J. S. Gottman, 2004; Muntigl, 2013).

The books published by Relate offer positions that are less set in their views on gender: *Stop Arguing, Start Talking* (Quilliam, 1998) discusses how both men and women can 'erupt with anger' but does go on to say: "If you are a woman, traditionally brought up not to feel or

show anger, you may use the safer, low-level attack styles such as nagging, whinging, sulking, or being contemptuous. If you're a man, brought up to be active, you may tend to go for the high-level styles such as shouting or throwing a temper tantrum" (Quilliam, 1998, p. 70). So, while anger is acknowledged as being an emotion for both heterosexual partners, this excerpt does rank anger emotions as either higher or lower, with the female style being lower, triggering thoughts in me of less than or below the man, and does confirm gender stereotypes, never considering that some men brought up in violent households may also shy away from 'high-level' behaviour, further potentially shaming or emasculating them. That being said, the Relate publications studied tend towards the most gender-neutral and balanced of those under consideration. Another Relate publication, *Better Relationships*, even includes the statement: "But every one of us feels every one of the entire range of emotions, and must do so to be a fully rounded, effective and *adult* human being" (Litvinoff, 2008, p. 66).

Existential couples therapies, in line with existential theory outlined in the previous section, does not explicitly acknowledge, and therefore address, gender. This arguably results in one of the basic dynamics of heterosexual relationships, two people of differing genders in relationship, not being explicitly examined through the lens of gender. In their book on existential relationship therapy, Van Deurzen and Iacovou summarise:

*"Existential philosophers have shown individuality to be secondary to relationship. Buber's I-It and I-Thou ways of being may refer to different modes of relating but they show up that there is no I without either and It or a Thou. Kierkegaard's crowd, Nietzsche's herd and Heidegger's inauthentic falling in with others are examples..."*

*(Van Deurzen & Iacovou, 2014, p. 231).*

As no mention of gender identity development exists in existential texts it could be argued that the approach is gender-neutral – existential thinking tends to avoid over-generalising

differences into forms of divisive categorisations, preferring to believe that each client is seen as a unique human being, devoid of label and categorisation.

The existence of gender is undeniable outside of theory, from questions on application forms for existential courses to the (often) gendered toilet provision on their premises. In such instances, it seems that theory collides with practice, yet these phenomena do not seem worthy of exploration in existential couples therapy texts, despite the impact of socio-political influences, male-privilege and gender tropes:

*“‘What is familiar is what we are used to; and what we are used to is most difficult to ‘Know’ – that is, to see as a problem; that is, to see as strange, as distant, as ‘outside us’.” (Nietzsche, 1974a, p. 301).*

## **2.4 The perceived intertwine between sexuality and gender**

Definitions of masculinity and femininity invariably involve reference to sexuality as well as gender (Seidman, 2010). This can be complex. Consider, for example, the negativity of the term ‘sissy’ compared with its more positive counterpart of ‘tomboy’ when referring to male and female children respectively: it is OK for girls to display a range of emotions and behaviours that traditionally include those associated with masculinity but the reverse is not true for boys (Eckert & McConnell-Ginet, 2003). The use of the term ‘gay’ as an insult towards men is also common (Asher, 2016; D. Davies & Neal, 1996; Urwin, 2016).

The participants in this research reflect the vast majority of the UK population in terms of their sexuality and cisgender status. They therefore tend to attract the description of ‘normal’. The nature of my participants’ ‘normalness’ may mean that they have often not had to think through what being male means to them (Dryden, 1999; Gilbert & Scher, 1999; Philpot, 1997).

Phenomenology makes 'orientation' central in the argument that consciousness is always directed 'toward' an object by nature of embodied Beings moving towards or away from objects (Ahmed, 2006) and given its emphasis on the lived experience of inhabiting a body, or what Husserl calls the 'living body (*Lieb*)' (Husserl, 1970a). Phenomenology provides a set of tools for thinking about orientation. Given that orientation is commonly described as a bodily spatial awareness (as 'the sixth sense'), the work of Gallagher (2003), who summarises some of the main debates about orientation and proprioception (the unconscious perception of movement and spatial orientation arising from stimuli within the body itself), becomes relevant with regards to the intersection of the neurosciences and phenomenology.

The concept of orientation allows the concept of how space is dependent on bodily inhabitation to be considered (Seidman, 2010); for without embodiment there can be no orientation. This is more than just knowing left from right, east from west and forwards from backwards. Kant (1992) describes the conditions of possibility for orientation, rather than how we become orientated in given situations. In *Being and Time*, Heidegger (1962a) takes up Kant's example of walking blindfolded into a dark room. For Heidegger, orientation is not about differentiating between the sides of the body, which allows us to know which way to turn, but about the familiarity of the world: "I necessarily orient myself both in and from my being alongside a world which is 'familiar'" (Heidegger, 1962a, p. 144).

The question of orientation seems to become, then, not only how we "find our way" but how we come to "feel at home" (Ahmed, 2006, p. 7).

The concept of orientation is therefore important in order to explore whether life becomes directed in some ways rather than others, as a result of turning towards the objects that are given to us by heteronormative culture, or if the need to turn away from objects diverts us from this trajectory, such as in gay, asexual, queer or feminist thinking.

## 2.5 Social and cultural ‘norms’

Society and culture dictate what ‘normal’ is (Bicchieri & Muldoon, 2011; Butler, 2004; Seidman, 2010). Varying attitudes towards what a man *should be* exist and these vary over time and in relation to class, age, geography, race and other factors (Asher, 2016; Thomas, 1993). This can easily be demonstrated through considering men’s clothing: trousers in the West and the thwarb in Arab countries (Istizada, 2018). In England in the 1920s young boys would commonly wear dresses but today they wear trousers or shorts (Richards & Barker, 2013).

Traditionally, studies of humankind have used the word ‘man’ to describe people (Gaag, 2014; Hughes, 2002), and women in a mixed group often do not object when the collective is addressed as ‘guys’:

*“‘Guys’ can be used in English as gender neutral to refer to a group of mixed gender. You will even hear women refer to other women as ‘guys’. The closest linguistic equivalent with a feminine tilt would be ‘gals’. ‘Guys and gals’ is a rather informal variant of ‘ladies and gentlemen’.”*

*(EnglishExchange, 2016, p. online)*

As well as women being conditioned to responding to ‘guys’, societal norms include the ongoing convention of presenting men first in statistical data (Hegarty, 2010). Arguably, explanations such as presenting data alphabetically – man appears before woman – might be used but, when studying the literature for this thesis, while female sometimes appears before male, my experience is that male: female is more prevalent, defying any alphabetical explanation.

When typing “Men and Women” into Google, “Men and Women differences” is auto-suggested as the second option. In contrast, when typing “Women and Men” into Google, no alternates are suggested. This again seems to confirm the ‘norm’ of presenting men first.

The popular book series, *Men are from Mars, Women are from Venus* (Gray, 1993, 1998, 2002, 2003; Gray & Gray, 1999; Gsoh & Jolliffe, 2005) appears to confirm the convention of presenting men first (in the series title) and emphasises the potential differences between men and women.

Shifts in cultural norms can prove problematic for heterosexual cisgender males (Asher, 2016; H. Davies & O'Callaghan, 2016). Heterosexuality is invariably intertwined with the need to attract partners of the opposite sex. This means that heterosexual cisgender males tend to behave in ways that are culturally considered to be attractive to the opposite sex (Wexler, 2009a). This can be confusing, particularly over a period of time, as the attributes that were initially attractive to a man's partner can become less attractive as the relationship develops. An example might be a rugby player who is considered attractive initially because of his machismo who finds his behaviour is called into question following the arrival of children or when it comes to sharing domestic chores.

Male body image has become increasingly important, with a recent trend for a leaner and slimmer physique (Benson, 2015; Campell, 2012). Men can also become preoccupied with the size of their penis and their ability to 'satisfy' a woman. Vaginal penetrative sex dominates acceptable sexual practice and the man must always want sex and, more importantly, be ready to perform to the point that he can give his partner an orgasm – perhaps multiple times – or he is not a man (Richards & Barker, 2013). Poor performance, lack of desire or gaining satisfaction from sexual practices other than vaginal intercourse are not culturally acceptable for most men (Seidman, 2010). In addition, recent studies have shown that an increasing number of men who identify as heterosexual are, in fact, asexual (Pongpanit, 2011; Robinson & Hockey, 2011), a fact they sometimes hide to avoid being shamed as 'less than a man' amongst other reasons (Bogaert, 2012; Lund & Johnson, 2015; Przybylo, 2013).

In recent years, as a result of the recession, many men have lost their jobs. As a man is often defined by what he does, this can lead to a significant loss of identity (Gaag, 2014). Men who

are the primary carers for children, particularly if they are 'stay-at-home dads', can have their masculinity and sexuality questioned (Cabrera & Tamis-LeMonda, 2013; Townsend, 2002). In the event of relationship breakdown, it is still considered acceptable for the man to leave the family home whereas a mother who moves out is often demonised; society values the importance of the mother above the feelings and importance of the father (Bograd, 1991).

The feeling of being able to choose is often lacking for heterosexual cisgender males (Richards & Barker, 2013). It is assumed that they will always holiday with their partners, sleep in the same bed, continue to work when children are born and only attend therapy under duress from their partner (Philpot, 1997).

Children are taught by their parents from birth how to behave according to their sex organs. Parents instruct their children differentially according to their own gender schemas (Bowlby, 1988; Carpendale & Lewis, 2006; Merriman & Bowman, 1989; Perrin, Cohen, & Caren, 2013). They also report having different expectations of female and male children and tend to act according to societally expected models of what a mother is and what a father is (Cabrera & Tamis-LeMonda, 2013; Lamb, 2010). This differential treatment reinforces stereotypical gendered behaviour in their children and thus potentially perpetuates the continuation of gender stereotypes across generations.

In addition to the subtle ways in which parents differentially socialise their children, they supply their children with not-so-subtle gender survival messages. These are both stated and modelled rules about how to be a man or woman, experienced from birth by children and throughout their adult life. Indeed, in *Continuing Bonds: New Understandings of Grief* (Klass, Silverman, & Nickman, 1996), the authors propose that even following death, the impact of key people in our lives remains active and engrained. The impact of this conditioning can affect people into their retirement, with clear rules on how to live when old being governed by gender roles (Calasanti, 2008).



## 2.6 Masculinity

The male conceptualisation of appropriate behaviour is often based on distorted and oversimplified images from media, each other, primary carers and teachers (Kimmel et al., 2008). Fagot (1984) found that boys were less socially acceptable to their peers if they played alone or with 'feminine' toys than if they played with 'boys toys'. In patriarchal societies, masculinity is more valued than femininity and, in extreme cases, the birth of a boy can be met with joy compared with disappointment for a girl (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972; Kraemer, 2000). Such societies enshrine masculinity in entitlement and privilege. However, not all men and boys benefit equally from male entitlement (McIntosh, 2010).

Throughout childhood and early adulthood, boys are subjected to more physical punishment than girls (Baumrind & Black, 1967; Lamb, 2010; McCreary, 1994) and are less likely to receive comfort for minor injuries (Lambert, Yackley, & Hein, 1971) and are more likely to be left alone (Fagot, 1984).

Throughout adolescence and early adulthood, gender conditioning invariably continues. Gilmore found that boys have to work hard to be viewed as a man, as masculinity is not automatically granted but an achieved status (Gilmore, 1990). Fighting, sports, sexual activity, risk-taking and alcohol use are commonly seen as requirements to achieve such status (Besley, 2008; Butler, 2004; Faludi, 1999; Robinson & Hockey, 2011). Passivity, aesthetic interests, no sexual interest, caution and kindness are often viewed as shameful (Moon, 2008; Richards & Barker, 2013; Taylor et al., 2011). Indeed, this population are constantly encouraged to compare themselves to each other and prove that they measure up or face being told to 'man up' by anyone who views them as weak, a failure or non-masculine (Burck & Speed, 1995; Coad, 2008).

In adulthood, the established patterns of behaviour learned throughout life tend to continue. This can include not sharing information with colleagues at work for fear of losing their

competitive advantage and isolating themselves from friends and family during any period or event that may lead to them being viewed as weak (Kampf et al., 2013; Robinson & Hockey, 2011). Adding to the pressure, “families become display cases for the success of the good provider” (Bernard, 1981, p. 69) meaning a man’s value is directly equated to the amount of money he appears to earn. A requirement for society is that real men should be capable of supporting a mother and child before considering becoming a father (Faludi, 1999; Kimmel, 2013). Indeed, the need to compete means that a successful man must be aggressive and watch out for his family, even to the detriment of friends and colleagues (Doyle, 1995).

In middle adulthood men begin to question their life of toil and may start to question the values and rules learned, and followed, from earlier life (Levinson, 1978). Men whose identity is mainly associated with work tend to suffer depression and illness by midlife (Mahalik, Burns, & Syzdek, 2007). Some researchers suggest that in later years a gender role reversal occurs, whereby men become more relationally orientated and women tend to become more aggressive and independent (Calasanti, 2008). Other researchers suggest that the ageing adult starts to establish their own worldviews and the social conditioning of early life becomes less relevant (Kampf et al., 2013; Moon, 2010; Robinson & Hockey, 2011).

In general literature, there is a trope of therapists being encouraged to help men with their masculinity: “successful therapy for these men must help them to redefine ‘healthy masculinity’ with an increased status for emotional intimacy” (Mahalik et al., 2007). In popular fiction, several titles encourage men to ‘man up’, namely *Man Up: Surviving Modern Masculinity* (Urwin, 2016), *Man Up : Boys, Men and Breaking The Male Rules* (Asher, 2016) and *Man Up! The Real Man’s Book of Manly Knowledge* (R. a. Green & Pinder, 2013). Others simply ask *Is There a Cure For Masculinity?* (Jukes, 2010) or propose that masculinity needs to be made more ‘healthy’ (Kimmel, 2013; Salisbury & Jackson, 1996). These views are balanced by titles such as *The War Against Boys: How Misguided Practices Are Harming Our Young Men* (Sommers, 2000), *Not Guilty: Men: The Case For The Defence* (Thomas, 1993) and *Stiffed: The Betrayal of The Modern Man* (Faludi, 1999).

The media in the UK are aware of the changes that are occurring to masculinity and terms such as '*metrosexual*', '*spornosexual*', '*freterosexual*' and '*retrosexual*', among others, have been invented. '*Metrosexual*' is a neologism, derived from '*metropolitan*' and '*heterosexual*', coined in 1994 to describe a man, especially one living in an urban, post-industrial, capitalist culture, who is meticulous about his grooming and appearance, typically spending a significant amount of time and money on shopping as part of this (Coad, 2008). The term is popularly thought to describe heterosexual men who adopt fashions and lifestyles stereotypically associated with gay men, although, in the definition offered by its originator, a metrosexual "might be officially gay, straight or bisexual"(Simpson, 2014).

'*Spornosexual*' is a new, more extreme, sex- and body-obsessed version of a metrosexual (Simpson, 2014). A '*spornosexual*' is obsessed with their social media profile, obsessed with selfies, and models his appearance based on cues from pornography and sport. A '*freterosexual*' is defined as "a man with a male take on female preoccupations" (Benson, 2015) such as body image, age, appearance (also collectively coined '*manxiety*'). A '*retrosexual*' rejects current trends in male grooming, appearance and physique.

Men's changing relationship to cosmetics helps illuminate the influences of time, culture and society on norms around masculinity. The earliest recorded instances of men using cosmetics were in Asia: in China and Japan in 3000BC, men and women used tinctures of gum arabic, gelatine and egg to stain their fingernails to signify their status in society (Tilbury, 2013). A couple of thousand years later saw ancient British warriors daubing their faces in blue woad, leading to them being known by the Romans as Picts: 'the painted ones'. Roman men themselves painted their heads to disguise balding (Trueb, 2013). Louis XIII, who went bald at the age of 23, championed wigs and male beauty spots in his court (1610-1643) (Luciano, 2001). Harlequins, Dandies and Macaronis followed (Anderson, 2009; Roughgarden, 2013).

The arrival of cinema brought cosmetics back to the fore for men following a period in the Western world during which they had been the domain of women. The debonair appearance

of stars such as Clark Gable spurred on young men's preoccupation with how they looked. Elvis Presley and John Travolta were rarely featured in a film without a comb and grease to fix their hair. Advertisers cottoned on to this opportunity and male-specific branding emerged, bolstering the male cosmetics industry (Iqani, 2012). In 2008 YSL launched the male version of Touche Éclat. A survey in 2014 (Gibson, 2014) revealed that the majority of men quizzed (57 per cent) used between six and ten products per day – including shampoo, conditioner, deodorant, shower gel, shave gel, shave balm, aftershave and hair-styling items. A quarter of men surveyed claimed to use between 11 and 15 products every day, with seven per cent admitting that they used more than 16 to achieve their look each morning.

## **2.7 Men and therapy – popular cultural perspectives**

This section aims to give an overview of writings about men in therapy from non-academic texts, i.e. those that are written for a general readership by one or two authors, that are not peer-reviewed. Such books are excluded from the formal literature review to maintain the academic integrity of this thesis and are contained here as part of the wider sociocultural/political backdrop to this research.

Academic books that comprise a collection of chapters on different aspects of couples therapy, edited by experts in the field, are referenced in the literature review.

Popular literature surrounding men in both individual and couples therapy appears to focus on getting the men to embrace their 'feminine' side (Meth et al., 1990; Philpot, 1997; Wexler, 2009a). The literature also appears on initial inspection to reinforce gender stereotypes about men being poor at communication and lacking emotional intelligence compared with their female partners (Bograd, 1991; Gilbert & Scher, 1999; Adrienne Harris, 2009). In contrast, some authors argue that there is significant evidence that men are born with the same basic needs and feelings as women, it is just that they express them differently to women and the

pressure to voice them in a way that is understood by women can lead to men fearing they will be viewed as gay (Robinson & Hockey, 2011).

Non-academic literature and popular therapeutic wisdom suggest that men are resistant to psychotherapy, they attend at their wife's (or female partner's) insistence and do not know how to behave or communicate once in the therapy room, and that they will be aggressive: "Men are difficult clients as they often are very reluctant to be with us, forced by significant individuals in their environment or by unimaginable internal pressure, and angry about being in therapy. The difficulty is compounded by their competitive drives, feelings of entitlement and reluctance to be emotionally available if at all possible" (Scher, 1990, p. 6).

Invariably, popular culture dictates that men will only enter therapy under duress from their partners, and desperation to save their relationship may make them vulnerable. This is demonstrated in this recent exchange in popular TV soap opera, *EastEnders*, which has 7.1 million viewers in the UK:

*Mick:            You need to tell me what you want from me, I can't apologise any more, where do we go from here?*

*Linda:           There's obviously stuff we need to work out, talk about properly*

*Mick:           Talking is getting us nowhere*

*Linda:           What if we did it with someone else? Someone from outside the situation*

*Mick:           What do you mean?*

*Linda:           Maybe, maybe we should go to counselling*

*Mick:           What? Sitting there telling all of our problems to a complete stranger?*

*Linda:           Lots of people do it. If we do it Mick, it might help*

Mick:            *No, no, it will just be you and some stuck-up treacle telling me  
                      what a bad husband I am"*

(31 August 2017 <https://www.youtube.com/watch?v=d0evw-X9WvI>)

Popular perceptions are:

**"Male clients towards male therapists**

- *Devalues therapist*
- *Is competitive with the therapist*
- *Feels sense of shame and feels he will be judged by the therapist*
- *Seeks to establish power hierarchy – that is, who will control whom*
- *Resists dependent position of therapy*

**Male clients towards female therapists**

- *Seeks to control therapy by testing therapist's strengths*
- *Resists dependent position*
- *May welcome the dependent submission of the little boy to the  
                      therapist's role as mother, depending upon the dynamics of his family of  
                      origin*
- *May passive-aggressively resist the therapist's control and influence*
- *Attempts to charm or seduce the therapist"*

(Worden & Worden, 1998, pp. 163-164)

## **2.8 Prompts for couples therapy**

Erickson (Zeig & Erickson, 1985) says heterosexual couples are more likely to enter into couples therapy when their issues start to prevent them moving forward to the next stage of life. These stages include courtship, marriage, childbirth, dealing with children, middle marriage, weaning children from parents, and retirement and old age (Haley, 1973).

From reviewing non-academic literature (Busby & Holman, 2009; Englar-Carlson & Shepard, 2005; Garfield, 2004; Garfield, 2010; Moore, 2012; Quilliam, 1998; Robey et al., 2012; Shepard & Harway, 2012; White & Tyson-Rawler, 1995; Worden & Worden, 1998), a non-scientific list of prompting issues includes:

- Alcohol or substance abuse
- Physical abuse and violence
- Sexuality and intimacy
- Extramarital affairs
- Poor communication
- Death/loss
- Arrival of children
- Hospitalisation and illness

### **3 LITERATURE REVIEW**

#### **3.1 Introduction**

In the previous chapter I presented the cultural and social background to the study, utilising a wide range of literature.

In this chapter I explore specific literature relating to heterosexual men in couples therapy. No articles or books were found that explored the male client's experience.

However, five articles and numerous academic books were located that considered men's experience in couples therapy from an expert's perspective.

#### **3.2 The importance of the literature review**

Holloway and Walker (1995) advise that a literature review should be undertaken in the early stages of qualitative research projects to ensure that the proposed research has not been undertaken in a similar way before or, if similar research exists, that the research question and aim is clearly delineated from other studies. This is reinforced by Braun and Clarke (2013) who recommend conducting the literature review early in the process in order to demonstrate that the researcher has a professional grasp on the background of the study. The hermeneutic paradigm where meaning is inter-subjectively created involves the researcher reflecting on what is and is not known, both in terms of the literature and the analysis (McLeod, 2011; Ritchie & Lewis, 2014).

Smythe and Spence (2008) put forward a very common-sense approach to literature reviewing whilst encompassing the essence of hermeneutic phenomenology (interpretation, meaning, tradition, pre-understanding) in their model for reviewing the literature. They recognise that it is traditional to conduct a literature search first and that this is "taken for granted" (Smythe et al., 2008, p. 13). They assert that:



*"The purpose of the literature review is therefore not simply to lay down pre-articulated knowledge simply to show a gap in the literature, or as a means to argue the catalyst of on-going research. The key purpose... in hermeneutic research is to provoke thinking."*

Hence, the literature search was conducted to prepare the foundation of the study in terms of what is known as well as to provoke thought.

### **3.3 Search strategy**

I conducted my search online using both journal searches for articles and library searches for relevant books. The inclusion criteria were:

- English or translated-to-English text
- Peer-reviewed material or dissertations
- No specific timeframe for contextual sections
- Priority given to recent publications for current issue sections

I used the following eight databases:

- Summon via Middlesex University Unihub
- Google Scholar
- British Library Electronic Thesis online Service (EThOS)
- Taylor and Francis online
- BIOSIS
- Library of Congress
- LISTA (EBSCO)
- PubMed

The search terms included:

- Men's therapy
- Men's counselling
- Men in therapy
- Men in counselling
- Couples counselling
- Relationship counselling
- Marriage counselling
- Family counselling
- Marital counselling
- Relate relationship counselling
- Relate therapy
- Being in therapy
- Being in counselling
- Experiences of therapy
- Experiences of counselling
- Tales of therapy
- Tales of counselling
- The therapeutic relationship: the male perspective

The therapy journals that were searched electronically, with no date limitation, included:

- *Journal of Marital and Family Therapy*
- *Therapy Today*
- *Existential Analysis*
- *The Psychotherapist*
- *The Psychologist*
- *Sexual and Relationship Therapy*
- *The Family Journal*

- *Journal of Marital and Family Therapy*
- *Journal of Couple and Relationship Therapy*
- *The Journal of Men's Studies*

I also searched the online research information for Relate, The Gottman Institute and The Tavistock Relationships Centre.

### **3.4 Literature dataset summary**

While this research uncovered a wide array of writing on gender and therapy, both current and historical, no specific literature was uncovered with regards to the phenomenon under investigation, namely, what is couples therapy like for a heterosexual man? Indeed, no academic papers or books were identified that specifically focused on the experiences of men in therapy from the perspective of the participant. Therefore, I also took the step to contact directly some key specialists (nine) in the field to request help identifying any relevant material they might know of that the online search had not uncovered. This did not uncover any additional literature. However, most of the experts commented on the need for this research and asked for a copy once completed, arguably further confirming the dearth of enquiry into heterosexual men in couples therapy.

I also tracked references from papers in a further search for materials not otherwise discoverable from the databases. References in textbooks were also studied for data. No date restrictions were employed.

Specific psychotherapy and counselling research tends to be conducted into minority or disadvantaged groups (Meth et al., 1990). As a result, published research into the experiences of heterosexual 'normal' men in either the wider world or the therapy room does not seem common. While various research papers have been identified around specific

'male' issues such as fathering, no research articles about the experiences of these men in couples therapy were found.

However, five papers were uncovered that were focused on the experience of the man in couples therapy, albeit from the perspective of an expert as opposed to participant.

As there were such a small number of relevant papers, a formal quality assessment tool was not used; rather, an appraisal of each paper is included in this section. In addition, a wide array of couples therapy books, again written from the expert position, were reviewed and themed, and interlaced within the individual review of each article.

### **3.5 The Articles**

#### **3.5.1 *Article One: Reclaiming Men's Experience in Couples Therapy (J. Neal & Slobodnik, 1991)***

*Key themes:*

- Couples therapy should explore masculinity and gender
- Men as abusers
- Traditional v new age masculinity
- Male is less articulate than female
- Therapist neutrality
- Men as oppressors
- Couples therapists should make men accountable for their masculinity

*Analysis*

This article was published 26 years ago in the Journal of Feminist Family Therapy. It is written by two male therapists who explore whether men should take a feminist perspective towards themselves. They argue that if men were to do this, it could privilege the experience

of women over the experience of men and therefore they advocate an approach based on 'gender-sensitivity'. Central to a gender-sensitive approach, couples therapists are encouraged to adopt a model that "male gender be considered not in terms of differences between men and women, but in terms of how it is constituted through ideas, beliefs, and cultural practices that specify ideal forms of masculinity" (J. Neal & Slobodnik, 1991, p. 101).

The authors advocate that couples therapists should explicitly explore what gender means for the specific couple in therapy and how these values and beliefs manifest in their relationship, and that this is the key to successful therapy. They are clear that "consideration of both positive and negative effects of the ways that culture defines masculinity" (J. Neal & Slobodnik, 1991, p. 108) is essential for positive therapeutic change in couples work.

Reference is made to men physically abusing their wives and the article uses the work of White (1989, 1990) to make suggestions about how to engage with these men: "it is not usual practice for people to draw distinctions between their own experience of an event and their properties' experience of the same event" (White, 1989, p. 102). The suggestion here, that women are the property of men, needs exploring, according to the authors, for men to see the error of their ways and stop abusing their property / wives.

The article also discusses the concept of 'new age men', who "often look down on traditional men for not yet giving up those attitudes and practices that are destructive and demeaning to others" (J. Neal & Slobodnik, 1991, p. 105). In contrast, traditional men feel 'uneasy' around new age men due to the fact that the new age man rejects the value systems associated with 'traditional' masculinity. The authors explicitly state that they do not find the use of 'new-age' and 'traditional' men identities helpful in understanding acceptable and non-acceptable aspects of masculinity, leaving the reader to make their own judgements in this area.

Rather than thinking of masculine and feminine genders in absolute terms, the idea of 'gender sensitivity' is suggested by the authors, allowing, in their view, both male and

female therapists to work effectively with heterosexual couples. This gender-sensitive approach appears not to be applicable to the authors, however: "Often, the man comes into therapy believing that he is inarticulate or that his view of the problem will not be heard and respected, since many men view therapy as the province of women. We are making the assumption here that the man is the less articulate member of the couple... Also, because men generally are less articulate about their personal experience and are more suspicious of therapy than women, it is probably easier for men to join with and listen to a male therapist" (J. Neal & Slobodnik, 1991, p. 111).

Not exploring what masculinity means to the male participant in couples therapy can, the authors assert, result in therapeutic failure: "paraphrasing Foucault's argument, the effect of remaining isolated in their experience is that men become the source of their own imprisonment to these specifications" (J. Neal & Slobodnik, 1991, p. 107). This observation most likely refers to the following text:

*"He who is subjected to a field of visibility, and who knows it, assumes responsibility for the constraints of power; he makes them play spontaneously upon himself; he inscribes in himself the power relation in which he simultaneously plays both roles; he becomes the principle of his own subjection."*

*(Foucault, 1977, pp. 202-203)*

Foucault is referring to how a person self-polices in societies where the state maintains control through the impression of continual covert observation of its own people. Foucault was exploring the idea that in order to keep order in a democratic, capitalist society, each member of the population must believe they are being watched by the government at all times, and therefore contain their behaviour 'within acceptable societal' norms to avoid being incarcerated by the state. If this is indeed the section of Foucault's work the authors are referring to, it could be argued they are suggesting that the couples therapist acts like a prison warden aided by covert and discreet monitoring devices to maintain order.

Towards the end of the article, the concept of therapist neutrality is introduced. Here, the authors advocate a technique whereby therapists *attempt* to remain neutral as well as to give the impression to the clients that they are neutral, i.e. by not appearing to side with either party over the other. MacKinnon and Miller are then used to explain that this 'neutrality' can have "the unintentional effect of suggesting that clients are not responsible for the effects of their behaviours on others" (MacKinnon & Miller, 1987, p. 116). In such situations, Neal and Slobodnik advocate that "the therapist takes a position, explicitly or implicitly, that some choices are healthier than others" (J. Neal & Slobodnik, 1991, p. 116).

The article's conclusions include "that feminists have enabled us to see: that men objectify and oppress women; that men are cut off from their vulnerability; that a patriarchal ideology entraps men as well as women... we advocate that men's experience of masculinity be explored, men's dilemmas as men are respected, and that men be challenged to take responsibility for their behaviour and to separate themselves from restraining cultural beliefs, habits and practices." P120 (J. Neal & Slobodnik, 1991, p. 120).

This article would have appeared more balanced had the language used been less pejorative, i.e. "feminists have enabled us to see: that *some* men objectify and oppress women; that *some* of them are cut off from their vulnerability". Using language and vignettes that present all men negatively without any deconstruction of tropes and stereotypes or baseline, leads to the reinforcement of these tropes.

### **3.5.2 Article Two: *Traditional Men in Marital and Family Therapy* (Brooks, 1991)**

#### *Key Themes:*

- Power imbalance between genders
- Traditional v new age masculinity
- Male identity crisis and 'breadwinner suicides'

- Gender role strain
- Male sabotage of couples therapy to remain safe
- Men as oppressors

### *Analysis*

The article addresses power imbalance between genders in relationships, illuminates its findings via a short case study and acknowledges reinforcement of gender-stereotyped roles can harm men as well as women, which is termed “gender-role strain, the discomfort resulting from disharmony between early gender socialization and newer role expectations... the negative fallout from contemporary society’s gender role reevaluations” (Brooks, 1991, p. 53). Thus, as times change, gender tropes and expectations of female: male roles shift, leaving an uneasiness between what was known and what is now known. Using the same concept of the ‘traditional man’ as article one (defined as a man who obeys traditional gender norms), the article discusses the stress that can manifest in traditional men due to progress driven by the feminist movement and the growing equality between the genders. Indeed, the article states that extreme gender-role strain can result in ‘breadwinner suicides’.

Pleck (1995) concurs that culturally prescribed gender roles often cause psychological dysfunction for men and women. However, Kunkel & Nielson (1998) argue that men experience more intense condemnation than women for gender-role deviation, including more negative, stronger reactions from observers, more ridicule and aspersions about their sexuality, i.e. *you’re gay*.

Once in therapy, Brooks’ traditional man behaves in a manner according to their socialisation: “rather than acknowledging vulnerability and openly seeking help, they may attempt to control therapy sessions and may provoke intellectual games or compete with the therapist for power” (Brooks, 1991, p. 54). This conforms to the overriding view of men in



therapy and how they behave, as discussed in 'Background literature, Men and therapy – popular cultural perspectives'.

The article moves on to suggest that in a bid to disempower their partner, the man may adopt 'superficial changes' in a strategy aimed at overturning the overall therapy process. When discussing therapeutic approach for the couples therapist, Brooks argues that more research into men in couples therapy is needed. However, he cites many therapists' view that further research into heterosexual men is not necessary as patriarchal and androcentric psychology has already studied male perspectives enough – "I am offended by the attitudes of males that men have not been adequately studied... a completely ridiculous notion" (Rekers, 1988, p. 3).

As in article one, men are framed in this article as abusers, either in terms of physical intimidation and assault, or through coercive control and intimidation via financial and scare tactics.

This article perpetuates, rather than challenges, negative male gender stereotypes. It seems entrenched in the belief that men are stuck in a fixed role and offers little hope that this 'traditional' man can be anything other than oppressive and psychologically vulnerable. It concludes:

*"A traditional man has great difficulty feeling masculine without a woman... Plantation owners may have valued the good opinion of their slaves... it is possible to adopt binocular vision – to view men as both oppressors and as psychologically vulnerable persons."*

*(Brooks, 1991, p. 71)*

### ***3.5.3 Article Three: Engaging Men in Couples Counselling: Strategies for Overcoming Ambivalence and Inexpressiveness (Englar-Carlson & Shepard, 2005)***

*Key themes:*

- Fear
- Gender dynamics in the couples therapy room
- Bias and balance

*Analysis*

This article is written by two male academics and therapists who both hold posts in the Department of Counseling at California State University. The article is introduced with a section on male socialisation and masculinity. They then state that therapists can ‘anticipate that men may fear being stigmatized for being in counselling, fear being coerced or changed against their will ... fear not being understood ... and have confusion about how counselling may work’ (Englar-Carlson & Shepard, 2005, p. 385) and will also have a fear of being viewed as a failure for needing therapy. They suggest that the therapist openly address such concerns in the first session as well as monitoring for competitive behaviours and success-desire signals. Such behaviours are clues that the man is traditional and rigid in his beliefs about masculinity (Englar-Carlson & Shepard, 2005). Further enquiry by the therapist is advocated to find out if the man is comfortable with feeling language; this can be achieved by asking questions such as “Do you have a reaction to what she just said?” or “Would you like to comment?” (Englar-Carlson & Shepard, 2005, p. 387).

The article then touches on gender dynamics within the room and in the event the couples therapist is male, the authors suggest that the male therapist share some of his own experiences about being male and male socialisation to garner a spirit of cooperation and openness. No specific suggestions for female therapists are included. The authors do, however, offer some general advice, namely that although it is appropriate for therapists to

contain male anger in sessions, reframing it as a way of expressing more tender emotions might be a more powerful intervention strategy (Englar-Carlson & Shepard, 2005).

Worden and Worden (1998) discuss gender dynamics in couples therapy and have suggested the following typical behavioural traits:

*“Female therapists towards heterosexual couple*

- Views woman as a victim who needs protecting*
- Views woman as a victim who needs to be empowered*
- Competes with the man to prove competency*
- Has difficulty assuming control over powerful male*
- Has desire to correct the power imbalance in the relationship*

*Male therapists towards heterosexual couple*

- Competes with the male client*
- Desires to protect the female client*
- Affiliates with the female client*
- Struggles for control of sessions with powerful male*
- Desires to correct the power imbalance in the relationship”*

*(Worden & Worden, 1998, pp. 163-164)*

The language in this article suggests that the authors may hold some of the views expressed by Worden and Worden above: “this can be a chance for a man to talk about his socialization experiences and a chance for the woman to listen empathetically to her partner... to get an

appreciation of how he became so restrictive in his adherence to gender roles” (Englar-Carlson & Shepard, 2005, p. 387). Such language is reminiscent of the blaming nature of the term ‘internalised homophobia’, i.e., it is something inside the person that can be blamed rather than something external that might have shaped them, such as living in a heteronormative world.

While this article gives a thorough background on male socialisation, it fails to show any compassion for the man in the majority of the text. However, in the conclusion, the authors state: “Although this research is striking in terms of the impact of masculinity and its contribution to pain, grief and suffering, it must be remembered that many men function well in society and contribute to the welfare of others” (Englar-Carlson & Shepard, 2005, p. 390). This quote is unusual in relation to the body of literature studied, in that it says something positive about men. In 2003, BACP’s Counselling and Psychotherapy Research journal dedicated a whole issue to men in therapy. This special edition was opened with:

*“This special theme section in this issue of Counselling and Psychotherapy Research on counselling men is timely as the world is plunged into crisis by men. Men are hailed as courageous, strong and defiant as they face other men across the battlefield to achieve dominance. Casualties, both physical and psychological abound... Technological advances make the superiority of physical strength a lesser premium and also provide a mechanistic method of procreation, undermining the power that has kept men secure in their identity... Men are now seen pushing prams and feeding babies, but as the divorce rate soars, despite considerable evidence that children benefit from relationships with fathers, most disappear and cease to have contact with their children.”*

*(Wheeler, 2003, pp. 3-4)*

In the above text, it is hard not to conclude that, despite opening a special edition of a BACP publication on how to work with men therapeutically, Wheeler is clearly being overtly sexist

in both language and opinion. The fact that the introduction was published with no balancing statement by the editorial team is of further concern. Specifically in relation to couples work, Graff states: "If masculine inexpressiveness and feminine symptom expression blind therapists to a couple's commitment, therapy will be greatly hindered"(Graff, 1987, p. 294).

Value does seem to be placed on gender roles, whereby one is deemed to be better than the other in relation to various skills, tasks or emotions. In this article, the authors seem to believe that male behaviour is harmful to relationships. This potentially causes a phenomenological problem in therapy if the therapist values their own view over the experience of the client and works with their biases and assumptions unchecked.

In systemic and family therapy, it is common practice for two therapists to work together. Carl Whitaker, a pioneering family therapist, wrote: "If therapy is parenting, it's best done by two. Two of you are less apt to become part of the delusional system that you know nothing about... be careful not to be the single parent, you become somebody's partner in their delusional system" (Whitaker, 1984, pp. 6-7). Indeed, some family therapy experts advocate the use of a male and female therapist: "ideally we found it better to work with two therapists in the room – ideally in a male-female pairing. This best facilitates gender alliances" (Hills, 2013, p. 32). Here, it is being proposed that a male and female couple may appreciate a mirroring of their own genders in the therapy team, rather than a team of two female or two male therapists, which has a certain logic and personal resonance as it technically removes any suggestion of gender bias. That being said, it would be naïve to assume that the presence of a therapist of the same gender as a client would preclude gender bias, as presumably this would relate to the professionalism of the said therapist in terms of bracketing, process and reflection.

### 3.5.4 *Article Four: Male Emotional Intimacy: How Therapeutic Men's Groups Can Enhance Couples Therapy (Garfield, 2010)*

*Key themes:*

- Isolation
- Friendships

*Analysis*

This paper was written by Garfield in 2005. He is a psychotherapist who has been recognised by Philadelphia Magazine as one of the city's "Top Docs" and "Best Therapists" (Garfield, 2017). He is also a clinical faculty member in the Department of Psychiatry at the University of Pennsylvania. In 2015, Garfield also published a book called *Breaking The Male Code – Unlocking The Power of Friendship* (Garfield, 2015).

The article opens with: "Men's difficulty with emotional intimacy is a problem that therapists regularly encounter with heterosexual couples in therapy... How to engage men in couples therapy and successfully address their resistances to therapy is an ongoing dilemma" (Garfield, 2010, p. 109). Indeed, themes of 'overcoming resistance' and 'how to engage men' are prevalent within much of the couples literature studied, with many aiming to teach therapists how to engage with the resistant male (Grove & Burnaugh, 2002; Philpot, 1997; Shepard & Harway, 2012), with some even manifesting their viewpoint in the title: *Engaging Men in Couples Counselling: Strategies For Overcoming Ambivalence and Inexpressiveness* (Englar-Carlson & Shepard, 2005), *To accept a pilot? Addressing men's ambivalence and altering their expectancies about therapy* (Good & Robertson, 2010) and *Engaging Men in Couples Therapy* (Shepard & Harway, 2012). No articles or books that counter this position were found while conducting the literature review.

Garfield discusses the tension between values related to emotional intimacy and the dominant cultural norms that define masculinity that lead to emotionally retarded men. The

arguments are made clearly and effectively. Garfield references the work of Fehr (1996), who proposed that although men express desire for friendships with other men, they often avoid pursuing them, while complaining about their lack of friendships. Garfield is definite in his belief that isolation and loneliness are significant problems for men.

Garfield's central argument is that men will have better romantic relationships if they have better friendships, which he illuminates with literature and four case vignettes. He argues that, culturally, men are required to put their romantic partner and children first, leading them to become isolated from their wider family. This is supported by Cancian (2008), who describes how men tend to lose contact with friends made at school and university over time due to relocation and the demands of being in a relationship. Men tend to socialise around sports or activities, while women also get together to talk and be together, meaning that many men fail to give friendships the nourishment they require to last: "their friendships with other men from childhood and youth fail to thrive as they let these go because of the demands of work, marriage and parenting. The friendships they do maintain often become emotionally shallow because they are not sufficiently nurtured" (Garfield, 2010, p. 112).

Encouraging men to nurture and maintain intimate friendship will result in improved personal health, wellbeing and happiness as well as supporting intimacy in their romantic relationships. (Farrell, 1974; Garfield, 2010; Mahalik et al., 2007). For Garfield, encouraging heterosexual men to join and participate in men's therapeutic groups "can help by legitimizing emotional intimacy behaviour as an essential part of healthy masculinity. Developing intimacy-related friendship skills can help men become emotionally proactive in their marriages and reinforce this goal in their ongoing couples therapy" (Garfield, 2010, p. 120).

This article provides a useful insight into some of the pressures men may face in modern life, including acknowledging that some men struggle with time and work schedules to attend therapy. The view that men lose contact with early friendships due to relocation, work pressures and family pressures, appears logical and plausible, as does the suggestion that

opportunities to make new friendships are limited to sporting interests and activities. On the downside, it could be argued that the article remains grounded in the theory that men will not cooperate and not communicate in therapy because that is how men are, further reinforcing societal tropes and problematising male communication ability. Despite these shortcomings, the article offers an important insight into the worlds of men and their social spheres, in terms of isolation from friends and the demands of modern life.

### **3.5.5 Article Five: Resistance in couples counselling: Sequences of talk that disrupt progressivity and promote disaffiliation (Muntigl, 2013)**

*Key themes:*

- Therapeutic alliance and therapist neutrality
- Gender differences in communication

*Analysis*

The abstract for this article states:

*“From video-recordings of a single complete case of couples therapy, this article examines how repeated occurrences of client opposition and avoidance of resistance is managed over extended sequences of talk and across sessions... It was found that the counsellor’s orientation to the client’s resistance became more disaffiliated and oppositional in the later stages of counselling. This increased disaffiliation was found to facilitate an alliance between the counsellor and client’s spouse against the client. This led to more explicit forms of disengagement from the client and, ultimately, to a breakdown in the progressivity of counselling work”*

*(Muntigl, 2013, p. 18).*



This article is interesting as it was written by a linguistics expert as opposed to a therapeutic expert, who analysed video recordings of a six-session therapy contract.

Muntigl chose Lisa and Dave for analysis as, after reviewing recordings of twelve Canadian couples, “preliminary viewings of the video-tapes revealed numerous instances in which the husband Dave would avoid answering the counsellor’s questions pertaining to a specific relationship topic” (Muntigl, 2013, p. 20). While Dave does seem to be conforming to a gender stereotype, there is no suggestion in the article that he was selected for this reason; it appears Dave was chosen because of a consistent behaviour, making analysis of this behaviour ‘cleaner’ for Muntigl.

A summary of the session material from the perspective of the author is:

- Session 1: Dave and Lisa “were in agreement that he had difficulty in sharing with her”
- Session 2-5: These were “largely devoted to exploring Dave’s inability to share”. However, approximately two-thirds into session five, “the couple announced their decision that Dave will seek out individual counselling”
- Session 6: Therapy ended

The therapist who is working with the couple is self-identified as eclectic and their gender is revealed as female through one use of the pronoun ‘her’. No other demographic information is revealed about the therapist or participants.

The linguist clearly identifies that a two-person alliance of the therapist and Lisa evolves against Dave – “that is, the counsellor and Lisa become aligned with respect to the general criticism that Dave does not sufficiently engage with others” (Muntigl, 2013, p. 28). The linguist also suggests that the ‘breakdown or rupture’ was caused by this dynamic: “Lisa and the counsellor continued to form local alliances in which the counsellor, in situations of

spousal conflict, would place the burden of answering on Dave [rather than Lisa]" (Muntigl, 2013, p. 31). The author cites Horvath and Bedi (2002) who state that for therapy to be productive, upholding a positive therapeutic relationship or alliance is essential for good outcomes.

Muntigl, as a linguistics expert, is clear that communication is a significant problem between Lisa and Dave. When it comes to advice for therapists, Muntigl (2013) explains that it is important, in his opinion, that the therapist does not reinforce the stereotype of "the hopelessly inexpressive male", as identified by Gordon & Allen (1990, p. 196).

Many other experts, Muntigl excluded, argue that men cannot communicate their feelings as they are simply unaware of them, a phenomenon referred to in the literature as *alexithymia*, originally suggested by Sifneos (1973). As a term this was initially used to describe hospitalised mentally ill patients whose emotional capacity was restricted (Englar-Carlson & Shepard, 2005). The word comes from Greek  $\alpha$  (*a*, "no", the negating alpha privative),  $\lambda\acute{\epsilon}\xi\iota\varsigma$  (*léxis*, "word"), and  $\theta\upsilon\mu\acute{o}\varsigma$  (*thymos*, "emotions", but understood by Sifneos as having the meaning "mood"), literally meaning "no words for mood" (Singer & Fehr, 2005).

Levant (1992) argues that many psychologically healthy men experience a normative alexithymia as a result of their upbringing and social conditioning (Y. J. Wong & Rochlen, 2005). Bergman counters that male clients may not be alexithymic but actually suffering from *relational dread* (Bergman, 1995). Relational dread is not a fear of relationships per se, but fear of what often seems required of men in terms of the relationship itself or their experiences of being in relationship.

Ruesch (1956) raises the additional complication of non-verbal communication (gestures, facial expressions, posture, voice inflection, the pace and sequence of words) for the individual parties. The added complexity of non-verbal communication can lead to men feeling unfairly criticised for their communication skills due to a difference in gender language and body language, according to Gordon and Allen (1990). The consensus here

seems to be that women interpret all communication perfectly and that it is only men who struggle with verbal and non-verbal communication. In contrast, the Relate publication *'Staying Together'* (Quilliam, 2008) appears unusual in the literature as it explores communication issues in heterosexual couples relationships without blaming either gender:

*"It was hard for Jamie and Janice. They found it difficult both to concentrate on what the other was saying, and to talk when it was their turn. They reported long silences, embarrassment and feelings of resentment. After the third week, they both came back to the session saying that they weren't prepared to try any more. The counsellor explored with Janice and Jamie individually just what was stopping them communicating, and found that it was almost the same for both of them. Both, in their own ways, were frightened to speak or to listen."*

As well as the non-blaming language used throughout this book, both gender pronouns and names are deployed equitably (i.e., He/She, She/He, Janice/Jamie, Jamie/Janice) rather than conforming to the norm of putting masculine first.

This article, which is written by a non-therapist, is important. It is based on observation that appears to be non-gender-biased, illuminates the need for therapist neutrality and provides a valuable insight into how the communication styles of each participant need to be attended to carefully and openly.

### **3.6 Summary**

Of most note from the literature review is the dearth of articles into the experiences of a major demographic, namely the heterosexual cisgender man. All of the articles problematised the male, either openly or covertly, and not a single article or book was found that explored what heterosexual couples therapy was like for the man.

The following section details how this research addresses this lack of knowledge by shining a light on to the participants making sense of their experience – i.e. meaning – and by making sense of the participants making sense of their experience – the double hermeneutic – using Interpretative Phenomenological Analysis (IPA) as the chosen research paradigm.

## **4    RESEARCH DESIGN**

### **4.1    Introduction**

The previous sections explore the background of the study as well as an evaluation of pertinent literature. One standout phenomenon from the literature review was the lack of published papers based on the experience of the male client in couples therapy. This section details the epistemological position of the research and how this determined the selection of a research paradigm. It therefore documents how the latter focused on exploring experience, and specifically the participants making sense of their experience – i.e. meaning – as well as the researcher making sense of the participants making sense of their experience – the double hermeneutic (Smith, Larkin, & Flowers, 2009, p. 35) – resulting in the adoption of Interpretative Phenomenological Analysis (IPA).

This section also addresses some criticisms of IPA as a research method as well as consideration of other paradigms such as Narrative Analysis, which potentially could have been used to interweave experiences by encoding them into a narrative. However, as a starting point, I first describe what is meant by phenomenology and epistemology before describing the overall research process, as well as reflecting on my own impact on the potential findings in ‘Research design, Validity and reflexivity’. Reflexivity and the impact of the researcher on the findings, specifically post-interview during the data-analysis stages, form an integral part of the conclusion section (see ‘Discussion, Additional validity and reflexivity’).

### **4.2    Phenomenology and hermeneutics**

Phenomenology aims to arrive at an understanding of individual human experience via rich and detailed description as opposed to explaining it by existing or fixed laws as in the social sciences (Smith et al., 2009). Phenomenology posits that human consciousness is essentially

transparent and in this sense is always and necessarily connected to a world. Husserl, the founder of phenomenology as a philosophical movement, was clear that the starting point for any investigation was experience (Kockelmans & Husserl, 1994). He rejected the supposition that there is something *behind* or *underlying* or *more fundamental than* experience (Husserl, 1970a, p. 96). For Husserl, experience is constituted by consciousness and could be “studied rigorously and systemically on the basis of how it appeared to consciousness” (Hein & Austin, 2001, p. 4). Husserl also adopted Brentano’s rediscovery of the concept of *intentionality* (the ‘aboutness’ or ‘directedness of mental acts’) (Brentano, 1874/1973), specifically that our consciousness is intentional as it always pointed or directed towards something, be that real, such as a person or chair, or conceptual, such as heteronormativity or gender.

The central problem of understanding for Husserl is the question of constitution (Husserl, 1970b), i.e. how is the world as a phenomenon constituted in our consciousness. The notion of constitution is ubiquitous in Husserl’s texts. Constitution occurs when, by functioning of “certain experiential resources, a kind of stable unity is produced in experience. There is typically an aspect of experience that undergoes a kind of interpretation, another that interprets it, and, thirdly, the constituted item, distinct from the constituting resources” (Laasik, 2017, p. 9).

For Heidegger, a former student of Husserl, the viability of Husserlian phenomenology was limited due to its lack of relation to being-in-the-world (Heidegger, 1962a). Consequently, Heidegger shifted the focus of inquiry to existence in general, thus embedding experience of being-in-the-world, rather than the Husserlian approach of ‘experience-full-stop’. Thus, Heidegger takes Husserlian phenomenology one step further, realising that to understand existence involved some a priori understanding of the subject being studied in order to both interpret and make sense of it. Indeed, Heidegger’s hermeneutic ontology embeds history and language as fundamental aspects of existence “language is the house of being. In its home human beings dwell” (Heidegger & Krell, 1978, p. 147) and they therefore play an

instrumental role in shaping our understanding of psychological phenomena (Fossey E., 2002; Piovano, 1986). Hermeneutics – the theory of interpretation – is described by Palmer as when:

*“Something foreign, strange, separated in time, or experience, is made familiar, present, comprehensible; something requiring representation, explanation or translation is somehow ‘brought to understanding’ – is ‘interpreted’.”*

*(Palmer, 1969, p. 19)*

In a Husserlian view, any given data can give rise to only one interpretation, whereas Heidegger’s phenomenology suggests that data can lead to multiple interpretations (Campbell, 2012; Smythe et al., 2008). For Heidegger and other phenomenologists, phenomena and experience are necessarily ‘interpreted’ and treated as textual in nature:

*“Whenever something is interpreted as something, the interpretation will be founded essentially upon the ... fore-conception. An interpretation is never a pre-suppositionless apprehending of something presented to us.”*

*(Heidegger, 1962a, pp. 191-192)*

Furthermore, Heidegger proposes that our being-in-the-world presents human beings with a fundamental interpretative situation “that compels us to ask questions about our world” (Tuffour, 2017, p. 4). This is explained by Kockelmans (1987) :

*“At the very moment the philosopher begins to reflect he has already engaged himself in the world, society, history, language... The phenomena, the things themselves, must be accepted by the philosopher the way they really are, but this can be done only by interpreting them from a conception of the world which is already there before the philosopher can begin to reflect.”*

*(Kockelmans, 1987, p. 27).*

Ricœur (1970) linked phenomenology and hermeneutics by describing how experience and meaning are intertwined (Piovano, 1986). For Ricœur, the aim of hermeneutics is to recover and restore meaning (Ricœur, 1967). Ricœur refers to his hermeneutic method as a “hermeneutics of suspicion” (Ricœur, 1970, p. 27) – referencing the paradoxical/ doubting literary spirit of Marx, Freud and Nietzsche – because discourse both reveals and conceals something about the nature of being. Unlike post-structuralists such as Foucault and Derrida, for whom subjectivity is nothing more than an effect of language (Derrida, 1973; Foucault, 1972), Ricoeur anchors subjectivity in the human body and the material world, of which language is a kind of second-order articulation.

#### **4.3 Qualitative research approach**

Much qualitative research seeks to explore and understand the meanings that people assign to their experiences. From an existential perspective these experiences are focussed in their personal world (*Eigenwelt*) as well as exploring the complexities of the being-in the social, physical and spiritual worlds (*Mitwelt*, *Umwelt* and *Überwelt*). Other branches of qualitative research, however, are focused on areas other than experience, such as Foucauldian Discourse Analysis (Braun & Clarke, 2013; Livholts & Tamboukou, 2015; McLeod, 2011), which focuses on power in relationships in society and Ethnography, which studies culture as a whole (Howitt, 2010; O'Reilly, 2012).

Epistemology is the philosophy of knowledge and addresses questions such as what is knowledge, how is knowledge acquired and is it possible for a given subject or entity to be truly known (Langdrige, 2007) and there are multiple epistemological roots for qualitative approaches. However, qualitative studies unite in the context of how meaning-making takes place (Annells, 1996; Willig, 2008) and have the aim of understanding experience as nearly as possible as its participants feel it or live it (Smith, 2008; Smith et al., 2009). Furthermore, qualitative research is used to explore topics that are less understood, known or researched



to help to bring to bring new forms of knowledge into awareness, with the possibility of subsequent quantitative research to then test a more general validity of these qualia.

Specifically, this research is about understanding the unique lived experiences of cisgender, heterosexual men and how they experienced being a client in the particular scenario of heterosexual couples therapy. It is posited in a philosophy that could be described as towards critical realism in that as well as aiming to understand the experience of the men, there is a hope that this research may change future experiences for some people. I aim to explore the reality of gender for these men, distinct from wider concepts of gender. I also believe that reality exists independently of my ideas and descriptions and, as such, acknowledge that my research is not flawless; my aim is to approximate as closely as possible the experiences of the participants while acknowledging the limiting effects of language, vocabulary and social indoctrination/upbringing on this research:

*“While it is evident that reality exists and is what it is, independently of our knowledge of it, it is also evident that the kind of knowledge that is produced depends on what problems we have and what questions we ask in relation to the world around us.”*

*(Danermark, 2002, p. 26).*

I also believe that ideas and constructs such as gender are real and have impact on the participants as they exist in the world. Bhaskar, the initiator of critical realism, argued that reality should be actively reclaimed firstly from “philosophical ideologies which have usurped or denied it – reclamation in the sense of lost property” and, secondly, “from the effects of those ideologies that have – like stagnant and muddy water – covered it up – reclamation in the sense of land reclamation” (Bhaskar, 1991, p. 144). Bhaskar concludes by stating that once reality has been reclaimed it should “be used, nurtured and valued in an ecologically sustainable and humane way for human emancipation, happiness and flourishing” (Bhaskar, 1991, p. 144)!

With regards specifically to gender, my own position is more in line with realism than nominalism. I believe gender is shaped by physical, biological, social, cultural, relational and psychological perspectives and is a reality in the world I inhabit. This also intersects with a social constructionist position “which holds that we are constrained by cultural meanings and that we construct the world from within the meaning community to which we belong” (Markovic, 2017, p. 28). That being said, as a gay man brought up in a heteronormative family, I also believe that my reality of gender has changed over the years, freeing myself from aspects of the community I belong to, thereby changing my concept of gender and, to an extent, some of the people around me.

#### **4.4 Hermeneutic phenomenology and IPA**

*“What matters is that we identify, clearly and correctly, what type of knowledge we aim to produce and that we select a research methodology that is designed to generate that type of knowledge”*

*(Willig, 2008, p. 13).*

Recent developments in phenomenological research have attempted to highlight how Heidegger’s philosophy guides method (Annells, 1996; Smythe et al., 2008). These include the Interpretative Phenomenological Analysis (IPA) movement, which has promoted Heidegger’s work within the context of phenomenology as an interpretive endeavour (Smith et al., 2009). IPA researchers stress the central role of Heidegger’s view of interpretation and his argument against a presupposition-less approach to phenomenology (Gilmour, 2015; Smith et al., 2009) i.e. Heidegger accepts that we are Beings-in-the-world, with knowledge of that world. In addition, IPA draws on the work of Sartre(1969) and Merleau-Ponty(1962) to explore and interpret the personal lived experiences of participants. Merleau-Ponty focused much of his work on our relationship to the world, subjectivity and embodiment, thus linking “phenomenological description to the human existent as a bodily being or ‘body-

subject'" (Tuffour, 2017, p. 3), relevant in this enquiry to the participants' embodiment in a gender identity that is self-identified as male. While it is acknowledged that different phenomenologists place different emphases on physiological being (Clarke, 2011; Milton, 2014), the place of the body as essential to experience cannot be overlooked here (Smith-Pickard, 2009).

Sartre's phenomenology focuses on understanding human existence rather than the world, with freedom, choice and responsibility being central tenets (Sartre, 1969). For Sartre, the proposition that existence precedes essence is central, which reverses the traditional philosophical view that the essence (the nature) of a thing is more fundamental and immutable than its existence. Sartre (1969) argues that there is no given human nature common to everyone because there is no God to give it in the first place. Sartre also argues that because the 'nature' of every human being is dependent upon that person, this radical freedom is accompanied by an equally radical responsibility. No one can simply say 'it was in my nature' as an excuse for behaviour, a stance that is reflected in existential thinking on gender, as described in section 'Background literature, Existential perspectives on gender'.

IPA acknowledges that the researcher will "bring their fore-conception (prior experiences, assumptions, preconceptions) to the encounter, and cannot help but look at any new stimulus in the light of their own prior experience" (Smith et al., 2009, p. 25). They further clarify that the "fore-structure is always there, and it is in danger of presenting an obstacle to interpretation. In interpretation, priority should be given to the new object, rather than one's preconceptions" (Smith et al., 2009, p. 25). However, it is also important to highlight that the researcher's understanding of the phenomenon being studied is based on their "having particular 'fore-conceptions'" (Finlay, 2008, p. 28).

Husserl called the process of putting our own assumptions aside as coming "back to the 'things themselves'" (Husserl & Moran, 2001 (2002 printing), p. 168) and it is often referred to

as the epoché, according to which, “We put out of action the general positing which belongs to the essence of the natural attitude; we parenthesise everything which that positing encompasses with respect to being” (Husserl & Moran, 2001 (2002 printing), p. 192). This does not mean that we get rid of our own experiences or pretend they do not exist, but rather that we deal with them separately so that we can describe the situation, object of our attention or other person we are dealing with as fairly and as accurately as possible, while acknowledging the potential for our own bias as a result of being-in-the-world.

Heidegger (1962a) unpacks the relationship between phenomenology and our prior experiences, assumptions and preconceptions when interpreting data. He advocated the role of bracketing as a complex and dynamic process that can only ever be partially successful (Heidegger, 1962a). Irrespective of approach or data-analysis method, I acknowledge that my understanding of my participants’ experiences and truths can never be complete.

*“From a phenomenological perspective the study of the experience of the subjects,  
is never finished, objective, or absolute”*

*(Yontef, 1993, p. 17)*

Making sense of the participants’ descriptions of their experiences and probing the surface meanings for a deeper interpretation of both the individual and/or collective experiences to gain new knowledge about being a heterosexual man in couples therapy while having the option of interpreting and inferring themes from their statements is facilitated by IPA.

Indeed, IPA enables me to ask questions of the data and perhaps explore my own sense of what may be going on – a sense that the participants themselves may not be aware of. Thus, my own interpretation will bring ‘added value’ to the individual participants’ experiences as I will have sight of the wider data set as well as an understanding of psychological theory.

While my own ‘fore-conception’ will shape and affect my analysis and interpretations as explored in the ‘Research design, Validity and reflexivity’, it is also important to

acknowledge that people making contact with this research, be that supervisors, examiners, colleagues or others, will also bring their own 'fore-conception' to this work. This means that their view will be shaped by their own experience of being-a-human-in-the-world and I accept that they will interpret the data, findings and relevance of the study from their own unique experience and perspective.

*"It is necessary to keep one's gazes fixed on the things throughout all the constant distractions that originate in the interpreter himself. A person who is trying to understand a text is always projecting. He projects a meaning for the text as a whole as soon as some initial meaning emerges in the text."*

*(Gadamer, 1979, p. 267)*

IPA is based on "the close, line-by-line analysis of the experiential claims, concerns and understanding of each participant" (McLeod, 2011, p. 148). Indeed, Heidegger questioned the possibility of gaining any real knowledge out of an interpretive stance while grounding this stance in the lived world – the world of people, things, relationships and language. (Heidegger, 1962a). Meaning, therefore, is of fundamental importance here. IPA acknowledges that how we experience the world is inevitably affected by sociocultural and historical processes (Smith et al., 2009), which sits with my own experiences and philosophical thinking.

Thus, IPA seeks to understand in detail how an individual experiences a phenomenon from a particular perspective within a particular context and is concerned with ways in which people make sense of their experience and attach meaning to life events (Smith et al., 2009). IPA is the exploration of lived experience coupled with a subjective and reflective process of interpretation. Any inferences that are drawn from the data are done so cautiously, and with an awareness of the context and culture within which the study is situated, making IPA an ideal approach to analysis for this study: the experience of heterosexual men in couples therapy.

My view is that when we engage with something new, we enter a dialogue with something old (a fore-conception), and it is important to wrestle with our assumptions that manifest from this process to ensure that the phenomena are allowed to emerge and are not trapped in some stuck, pre-conceived view that is not representative of the data itself. My epistemological position coincides with phenomenological principles, which recognise the value of the embodied researcher exercising agency in construction of knowledge, hence the IPA research paradigm being adopted and embraced to explore the experience of heterosexual men as clients in couples therapy.

#### **4.5 Criticisms of IPA**

Several significant criticisms exist of IPA. One is that it has no fixed method or standardisation of process (Giorgi, 2010). However, Giorgi (2002) is also an open critic of trying to represent phenomenological research methods as a fixed set of prescribed stages, arguing that IPA bears no relation to the fundamental principles associated with phenomenology. Indeed, in 2010 he stated: “the originators of IPA have given no indication as to how their method is related to the method of philosophical phenomenology. It would have been a lot clearer if [they] had termed the method Interpretive Experiential Analysis (IEA).” (Giorgi, 2010, p. 6).

Another criticism is that IPA fails to satisfactorily recognise the integral role of language (Willig, 2008). Smith, Flowers and Larkin (2009) counter that IPA’s primary purpose is to gain an insight into experience and is therefore always intertwined with the language used to describe experience. In addition, the aim of IPA is to illustrate, inform and underpin themes by the use of direct quotes from participant accounts.

Others argue that IPA captures opinions of experience rather than meanings of experience (Brocki & Wearden, 2006; Pringle, Drummond, Hendry, & Dip, 2011). This argument

ultimately hinges on the ability or otherwise of the researcher and participants to describe the nuances of experience from which meaning can then be derived and could be described as elitist – it suggests that only people with a certain level of fluency are competent to do this. The use of a “reasonably homogeneous sample” (Smith et al., 2009, p. 3) allows convergence and divergence of experience to be examined and considered, potentially identifying lone, or rogue, experiences.

Giorgi (2002, 2010) interestingly also critiques the lack of replicability of IPA: “the ability to check the results of a study or to replicate it is a scientific criterion, and phenomenologically grounded science accepts that criterion... Thus to sponsor a ‘non-prescriptive method’ is an example of poor science” (Giorgi, 2010, p. 6). Here Giorgi seems to be inferring that if research cannot be exactly replicated then it has no value, reminding me of the following, which is often, incorrectly, ascribed to the great theoretical physicist, Einstein:

*“Not everything that counts can be counted, and not everything that can be counted counts.”*

*(Cameron, 1963, p. 13)*

Advocating replicability is at odds with the premise of qualitative research and the epistemological position rejecting traditional scientific models of life. In addition, a process of reduction, often called eidetic or phenomenological, is undertaken to allow the essences of experience to be found and described. Simply, IPA does not claim replicability; rather, it acknowledges the subjective and interpretative stance of the participants and researcher (Braun & Clarke, 2013; Fossey E., 2002), explicitly acknowledging the ‘double hermeneutic’ (Smith et al., 2009, p. 35) as described in section ‘Research design, Hermeneutic phenomenology and IPA’. Indeed, researchers are urged to be explicit about their own role in the research, with the researcher’s voice threading throughout the whole project (Gilmour, 2015; Larkin, Eatough, & Osborn, 2011; Pringle et al., 2011).

A further criticism is that IPA analyses are often more narrative than interpretative. This will be discussed more fully in the next section in the consideration of other paradigms. That being said, I acknowledge that no research method is perfect and revert to the opening quote from Willig:

*"What matters is that we identify, clearly and correctly, what type of knowledge we aim to produce and that we select a research methodology that is designed to generate that type of knowledge."*

*(Willig, 2008, p. 13).*

The next section details my consideration, and ultimate rejection, of other research paradigms in favour of IPA.

#### **4.6 Consideration of other paradigms**

I believe in multiple realities whereby individuals experience the same event uniquely and from a perspective shaped by their own life experiences and cultural setting. I am interested in seeking knowledge about the nuanced, lived experience of my participants rather than (as in Grounded Theory (Oktay, 2012)) the development of explanatory models and theories. I am interested in illumination and understanding. Queer Theory (Yep et al., 2003) was considered as a method due to its focus on gender, sex and social construct. However, upon further research, Queer Theory was discounted primarily due to this research's aim of exploring the participants' experience in couples therapy rather than focusing on the power and privilege of the heterosexual man. For this same reason, Critical Theory (Fay, 1987) and Feminist Theory (Hughes, 2002) were discounted – according to Sumner (2003), critical theory (and paradigms based on it) "in essence.... shines a critical light on the workings of society and finds them dominated by the interests of a wealthy elite who have succeeded in convincing most people that those elite interests are also the interests of society at large" (Sumner, 2003, p. 7). Arguably, as discussed in the background section of this document, my



participant pool has privilege in society by the very fact that they are heterosexual, cisgender, British men, perhaps explaining why they have not received much enquiry into their experiences (Clamet, 2014; Thomas, 1993; Wexler, 2009b). Indeed, my research into Critical Theory also revealed that the approach would potentially damage the credibility of my research according to McLeod as “the adoption of a critical stance implies a substantial agenda for anyone seeking to carry out research” (McLeod, 2011, p.41).

Narrative Analysis was seriously considered as a potential research paradigm. Indeed, through telling stories, people can express their identity, relationships and emotions. Narrative analysis aims to identify the kinds of stories told about the researched phenomenon and the kinds of story representing the phenomenon in culture and society (Braun & Clarke, 2013; Howitt, 2010). Bruner (1991) maintained that narrative knowledge (that is, knowledge derived from stories) was as essential as paradigmatic knowledge in enabling people to make sense of the world. Narrative Analysis does not have a single heritage or methodology (Livholts & Tamboukou, 2015) and draws, among other sources, upon philosophy, anthropology, sociology, psychology, sociolinguistics (McLeod, 2011), ethnomethodology and literary criticism (Cortazzi, 2014; Riessman, 1993). Theoretical influences include Foucauldian and Deleuzian analytics, feminist philosophies and political theorists (Lieblich, Tuval-Mashiach, & Zilber, 1998; Livholts & Tamboukou, 2015; Miller, 2005).

Similarly to IPA, Narrative Analysis involves researcher interpretation and does not have a strict methodological structure. Indeed “narrative research is a craft, an open process where concepts, questions and even methods and theories take up form and generate new thoughts, themes, ideas and questions in the making”(Livholts & Tamboukou, 2015, p. 7).

Narrative analysis is constructivist as language is not understood as directly mirroring an underlying reality but rather as a social tool, arguably similar in fashion to the argument that gender is a construction rather than a given. Having considered Narrative Analysis as a

paradigm, I decided that it would be a superb method to study men in couples therapy as clients once more was known about the actual experience. The aim of this research was to 'get at' the essences of the experience, using participant and researcher perspectives, rather than capturing a chain of experiences that could be weaved into a narrative.

## **4.7 Ethics**

My research is informed by a number of ethical frameworks. As a student of NSPC I have ethical approval for my research from both NSPC and Middlesex University. I am also an accredited member of BACP and a student member of UKCP. As such, I am obliged to follow their ethical guidelines for research.

### **4.7.1 Confidentiality**

Assuring that the identities of the participants remain confidential is a key factor within this study. Identifying details including names of people, agencies and locations have been changed to preserve confidentiality and anonymity. Participant data have not been tabulated as many participants' current partners and friends knew they were attending the interview for this research and even basic demographic data might allow participants to be identified, either by the person they went to therapy with or by close friends. To further maintain anonymity, the relationship status of the participants has been masked by the use of 'participant's partner' rather than using identifying descriptors such as wife or girlfriend. In addition, references to the gender of the therapist have been removed in all instances in line with ethical requirements from NSPC and Middlesex University.

All participants were provided with a participant information sheet (PIS) and an informed consent form, contained in Appendix 3 and 4 respectively, via email prior to attending interview and given the opportunity to raise any concerns or questions prior to commencement of the interview. Within this information participants were informed that

their interviews were being used as part of a doctoral thesis and that the research might be published in the future as either a journal article or part of a book. In addition, the PIS covered information as to how recordings would be handled, protected and ultimately destroyed as well as including the statement: "Another person will transcribe the interview recording." The transcriptions were produced by a professional who was briefed about confidentiality and security. Files were also password-protected and deleted as soon as the transcription process had been completed. Participants were also provided with the contact details of an academic supervisor in case of any complaints or if further clarification was needed regarding the authenticity of the research. Participants were also made aware of their right to withdraw at any point up to Viva.

#### **4.7.2 *Risks to researcher***

A risk assessment, contained in Appendix 1, was undertaken as part of the ethics process, to safeguard the researcher.

To mitigate any risk to the personal safety of the lone researcher, it was decided to conduct the interviews in hired private rooms in serviced office spaces with centralised receptions. This ensured the participants signed in with reception and that reception staff knew that lone interviewing was taking place. Other measures, such as carrying a mobile phone and making my primary supervisor aware of my interview schedule, as well as use of my therapeutic skills to defuse any problematic situation, as detailed in Appendix 1, resulted in a minimisation of risk.

While the research topic is sufficiently removed from my own personal circumstances, I took the decision to have the support of a personal therapist on a weekly basis throughout this project as well as regular contact and debriefing with my research supervisors.

#### **4.7.3 *Risks to participant***

Qualitative research raises ethical issues as the subjects covered could open up harmful memories, feelings and emotions about previous experiences and the researcher needs to be aware of such possibilities and offer suitable support (Kvale & Brinkmann, 2009). To this end, details of support resources, including therapists, were provided on a debriefing sheet, contained in Appendix 5, and discussed with participants at the end of each interview.

In terms of protecting the psychological welfare of the participants, they were told that they could stop the interview at any time. There was a small chance the participants would become upset by talking about their experiences, although this did not manifest. I was also aware that the nature of the research might result in participants thinking about being a man in terms of society, their upbringing, their partner, their therapist, their social circle and themselves. To this end, I ensured that they were given information on support groups and literature and that the participant recruitment pack explicitly stated the aims of the research. I also explained to the participants that they might want to continue talking about their experiences with a trained professional.

#### **4.8 Validity and reflexivity**

Yardley (2000), when writing about health psychology, presents four broad principles for assessing the quality of qualitative research, which are considered more useful than the guidelines of Giorgi (2002) and Polkinghorne (1989), whose fortes are descriptive phenomenology. Yardley suggests four key areas for focus, namely: sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance (Langdridge, 2007). These will be considered individually in the context of this study following my introductory comments.

For phenomenological research, which often stays at the descriptive level rather than developing a theory, the research needs to be contextualised so that it is understood that the

knowledge acquired relates to a specific experience within a specific historical, cultural and societal context. IPA requires the researcher to be accountable for their reflexive stance as they become immersed in the process (Biggerstaff & Thompson, 2008; Brocki & Wearden, 2006; Gilmour, 2015; Larkin et al., 2011; Pringle et al., 2011; Smith et al., 2009; Tuffour, 2017). A criticism of IPA, as discussed in section 'Research design, Criticisms of IPA', is that it can lack interpretation. To counter this, I documented my interpretations of participants' dialogue and also analysed my own interpretation as part of the analysis process as advocated by Smith (2009) and McLeod (2011) as described in section's 'Research design, Validity and reflexivity' and 'Conclusions. Validity and reflexivity'.

This research topic emerged from my interest in sexuality and gender, my work in a gender and sexuality-focused NHS clinic and my experience as a man in a counselling and psychotherapy training and placement environment. Thus, there is no question that I held views and opinions about male experiences in therapy settings, which were part-explored in my MSc thesis, *The experiences of gay males on counselling and psychotherapy courses* (Paget, 2012). As a gay cisgender man, with experience of working with people of differing genders, I am conscious of being open and explicit about both my bias and my awareness in relation to gender and sexuality. To help identify my own bias and prejudgements throughout this study, I actively kept written journals, which were shared in their entirety with my primary research supervisor. In addition, I had weekly personal therapy, which often involved the exploration and discussion of my own process and experience of being a researcher, which arguably helped me process and analyse my own responses to the material. Indeed, actively embracing researcher and participant partiality, allowing human agency (Sartre, 1969), as well as embracing the principle that these enrich and provide a meaningful and embodied understanding of human experience, underpin my epistemological position and therefore inform this research.

I am mindful of the need to 'bracket', or put to one side, my personal views when conducting the interviews, and to be aware of them during analysis itself: "As IPA

acknowledges a role for interpretation, the concept of bracketing is more controversial and in any event gives way to a more interpretative process as the analysis proceeds" (Biggerstaff & Thompson, 2008, p. 13) Accordingly, I have been explicit about my own views throughout this thesis for the sake of transparency and acknowledge that, however well bracketed, the reader can assess my ability to make sense of the participants trying to make sense of their experience in couples therapy – a double hermeneutic (Giddens, 2010). However, I also acknowledge that it is important that I do not let my taken-for-granted world disappear.

#### *4.8.1 Sensitivity to context, commitment and rigour*

As touched upon in 'Introduction, A little about me', I have had a keen interest in gender and sexuality since starting to work within an NHS sexual health counselling and psychotherapy service in 2012. Yardley (2000) suggests that commitment is demonstrated through the longer-term involvement of the researcher with the topic being researched, as well as by an appropriate ability in the methodology of research and immersion within the data. The timeline of the project, including details of the multiple pap viva and ethics submissions and presentations necessary to get approval for this research, is presented in section 'Research design, Project timeline'.

The author acknowledges the vital aspect of context within qualitative research. However, whilst it is important to have an understanding of related theories and relevant literature, this knowledge must not cloud the researcher's interpretation of the data. Areas of divergence from theory must be sufficiently explored, as well as those data which do link the specific study to more abstract theories and generalisations discussed in previous research (McLeod, 2011). A criticism of phenomenological research is that it has a propensity towards confirming the assumptions and beliefs already held by the researcher prior to conducting analysis. In this case the initial interview revealed potential themes that had not been identified in the literature review. This was discussed with my research supervisors as

advocated by Holloway and Walker (1995) and a further two interviews were conducted. Again, themes emerged that were not present within the literature. Journaling as well as analysis of interviewer questions were undertaken to counter bias and ensure transparency and the use of open-ended questioning.

Taking into account the demographic of the participants, both the setting of the research interview and the environment in the rooms themselves were deemed important to communicate the professionalism of the research and researcher. To this end, meeting rooms in quality business centres were used in locations around the UK and the interviewer dressed in smart, informal business attire. To mitigate against any perceived power imbalance between researcher and participant, all communications in the run-up to the interview were friendly but professional. In addition, I drew on my therapeutic experience of meeting new psychotherapy clients in clinical settings to ensure the participants felt as comfortable as possible from the moment I greeted them in reception to escort them to the interview room.

The use of IPA as a research approach was important here: while some researchers seek the viewpoint of the participants on the researcher's interpretations to determine the 'truth' of the interpretation, it must be remembered that the opinions of the participant should not override the academic independence of the researcher.

#### ***4.8.2 Transparency and coherence***

This principle explores the persuasiveness of the research in constructing a reality and whether the research question and the philosophical underpinnings of the research provide the necessary coherence.

Transparency is achieved through thorough documentation of the process of data collection and analysis and provision of rich data, i.e. extensive excerpts. Within IPA, this is at least in

part provided by the tables of themes and annotated transcripts produced as part of the analysis process – see Appendix 8. Reflexivity is also needed to demonstrate transparency – identifying the experiences and motivations which underlie the research.

#### **4.8.3 *Impact and importance***

The impact of the research is a key factor in determining its value. The value may be theoretical but may also have a wider impact within other fields. There may also be a socio-cultural impact to the research. Yardley (2000) suggests that an advantage for researchers in health research is their close link to practice, which is analogous to this piece of counselling and psychotherapy research.

This study offers a view into the worlds of a section of the UK population who are significantly under-researched relative to their prevalence. The literature review highlights the dearth of research into these men and this thesis will be a step towards correcting this position.

For couples, individual, family therapists and their supervisors, this research will be of interest as it will be a step towards understanding what couples therapy is like from the perspective of the man, both in the therapy room and in the wider embedded socio, political, economic settings of the participants. It may also be of interest to teaching establishments when dealing with areas such as family, couples and individual therapy as well as modules covering lifespan, gender and sexuality.

From a wider perspective, the research may also be of interest to social commentators, the general media and the general population.



#### 4.9 Data, demographic and sample size

*“When qualitative researchers decide to seek out people because of their age or sex or race, it is because they consider them to be good sources of information that will advance them toward an analytic goal and not because they want to generalise to other persons of similar age, sex or race.”*

*(Sandelowski, 1995, p. 180).*

The demographic of the participants will be homogenous in line with IPA recommendations (Braun & Clarke, 2013; Fossey E., 2002; Golafshani, 2003), namely:

- British, cisgender men
- Identify as heterosexual
- Attended couples counselling within the last two years for a minimum of 6 sessions. The therapy cannot be on going and must have finished at least 3 months before interview.
- Have a career that is other than psychotherapy or counselling

Often, my participant demographic is referred to as ‘the usual suspects’ (Giorgi, 2002; Ritchie & Lewis, 2014) in psychological research: white, middle-class, educated, heterosexual, like the majority of western academics and students. This can lead to assumptiveness that their experiences are representative and therefore hold true for *all* irrespective of sexuality, gender, race, religion or education. For the purposes of this research, however, the participants’ ‘usualness’ or ‘normativity’ was the key to exploring the research question. Therefore, sampling of the potential participants was achieved through a combination of:

*Convenience sampling:* Despite often being identified as the least rigorous and justifiable sampling method (Sandelowski, 1995) due to the risk of recruiting ‘the usual suspects’, it was deemed effective for this research for that very reason. Indeed, access to potential participants via *snowballing* (Braun & Clarke, 2013) or

*friendship pyramiding* (Smith et al., 2009) were deemed less preferable as these methods could, arguably, distort the research findings; it was essential to avoid any personal link to the participant or knowledge of the participant's experience, type of therapy, gender of therapist or therapeutic outcome to maintain the integrity of the research.

*Criterion sampling:* The participants had to have experienced couples therapy with a female partner.

Stratification of participants (Smith et al., 2009; Yardley, 2000) was not deemed necessary beyond the sample criterion outlined above as this research did not aim to generalise the findings to all people of that 'type'.

With IPA, because a homogenous group of people with similar circumstances, having experienced the same phenomenon, are used as participants, large numbers are not required or desired to reach meaningful conclusions.

#### **4.10 Data collection procedure**

The following data collection procedure was employed:

- Adverts for participants were placed
- Respondents were emailed information related to the study including the participant information sheet, debriefing sheet, written informed consent and demographic questions
- Appointments for face-to-face interviews were made
- Interviews were sound-recorded via two devices
- The interviews were transcribed. Each participant was given the option of reviewing the transcript for accuracy and identifying any sections that he did not want to be quoted in the final document

- The participants were told of their right to withdraw up until the point of my Viva
- Support services were signposted to the participants at all stages of the process

#### **4.11 Recruitment**

Participants were recruited via online adverts, social media posts and blog posts. These included online support groups for men as well as general relationship sites.

I also sent my research poster to existing therapeutic contacts, counselling support organisations for men and about fifty couples therapists across the UK as well as couples therapy training course leaders with no success.

Recruitment of participants proved challenging despite targeted online advertising and a dedicated Facebook page:

The screenshot shows a Facebook page for 'The experience of men in couples therapy' (@menincoouplestherapy). The page has a blue header with the text: 'HAVE YOU EXPERIENCED COUPLES/ RELATIONSHIP THERAPY? ARE YOU A MAN? WHAT WAS IT LIKE? PARTICIPANTS NEEDED FOR A RESEARCH PROJECT'. Below the header, there are buttons for 'Like', 'Follow', 'Share', and 'Send Message'. The page is divided into several sections: 'Featured For You' with a post about the research project, 'Community' with a post about the recruitment of participants, 'About' with contact information (07436 537 814), and 'Posts' with a post from March 10 asking for volunteers. The page also has a 'Status' section with a prompt to 'Write something on this Page...'. The page is designed to recruit participants for a research project on couples therapy.

Initial results were poor with only two suitable participants coming forward from this campaign. I was being approached by potential participants but it became clear from an initial email exchange that they were coming from men's groups that were aggrieved with the general socio and political system and wanted to air their opinions rather than having specifically experienced couples therapy. As a result, I reviewed my advertising policy and made it more generic following discussions with a participant recruitment specialist:

## Have you ever looked for relationship advice or support?



[Apply here](#)

As part of a pioneering research project, we're looking to speak with people who have sought relationship support, such as formal or informal counselling or therapy, and would be happy to discuss their thoughts on this.

Your feedback could prove useful for the future. Just to reassure you, the focus of the interview is around your experiences of counselling, so please do not worry if you are not happy to go into great detail about your individual circumstances.

Please note, the researcher you will be speaking with is experienced in this field and understands that it can be difficult to talk about a personal situation like this – they will do everything they can to make you feel relaxed and at ease during the interview.

The research is taking place all over the UK and, to make the sessions as accessible as possible, the researcher is available for daytime, evening and weekend time slots.

Approaching the advertising in this way enabled me to reach out to as wide a pool as possible and produced a more reliable selection of applicants, who had actually experienced couples therapy. Advertising in this open manner also enabled me to reach participants of a diverse nature, providing a wide array of experiences of counselling and a trustworthy and reassuring approach, as discussed in 'Research method, Data demographic and sample size'.

The next step in the process was to speak to the applicants to ensure they met the criteria outlined in 'Research design, Data demographic and sample size'. I also devised a set of

open questions to glean their suitability, as shown below. These questions had been designed so as not to be leading or biased. They were also specifically constructed to ensure no information on the type of therapy, its setting, the gender of the therapist, the outcome of the therapy or current relationship status of the participant were garnered.

Q1. Participant name:                      Tel number:

Q2. Are you currently or have you ever been employed as a psychotherapist or counsellor?

Q3. Please confirm your age

Q4. Please confirm your gender

Q5. How would you class your sexuality?

Q6. Please confirm the social class category you feel best describes you:

Q8. Please can you confirm your nationality?

Q9. Have you every sought relationship support, such as couples counselling or relationship therapy?

Q10. Are the sessions ongoing?

Q11. When did you last attend couples therapy?

Q12. How many couples therapy sessions did you and your partner attend?

Following on from the screening process I was able to provisionally arrange appointments with individuals who matched the requirements of the research. The result was a sequence of interviews across England.

Prior to the interviews, at the recruitment stage, I collected basic demographic data. The purpose of asking demographic questions was to gain a wider understanding of the participant's background and assist in situating each client's experience. The demographic data collected was:

Age

How would you describe your ethnicity?

How would you describe your sexual identity?

What is your current relationship status?

Do you have any children?

#### **4.12 Interview format and approach**

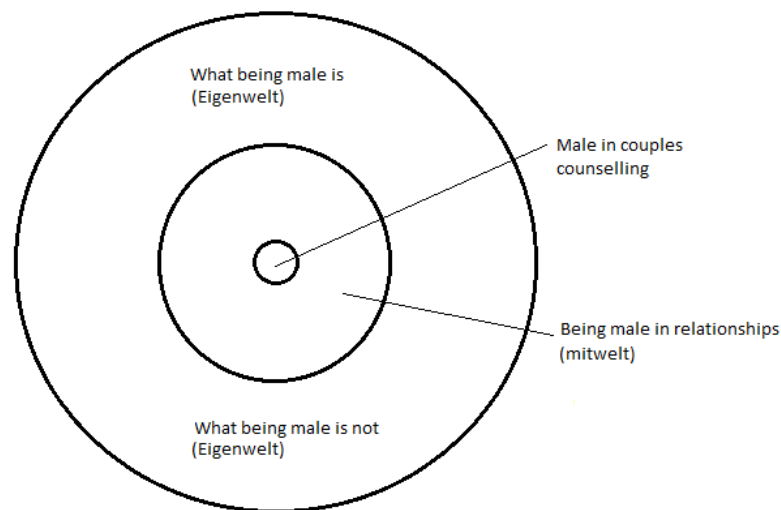
My research data was collected via semi-structured interviews. Given the sensitive nature of the study, I felt it was more likely that participants would discuss their experiences more openly in one-to-one interviews rather than in a group setting, as advocated by McLeod (2003).

As the purpose of the interviews was to gain a meaningful insight into the participants' experience of their gender identity in couples therapy, it was clearly important not to impose a rigid structure on the interviews by asking a standardised set of questions. The questions asked aimed to explore the participants' experience of what being male is, is not, is like in relationships and also within couples counselling.

Existentially, sexuality and gender are covered in all four worlds and in particular Mitwelt (social) and Eigenwelt (personal) (Adams, 2013; Van Deurzen, 2010). The Mitwelt corresponds to the domain of social interactions, communications and relationships with others, the larger society and culture. It deals with the dilemma of love and hate, and the major elements that inhabit this world are feelings, belonging and acknowledgment (Binswanger, 1963). The Eigenwelt, or the self world, can be regarded as the private domain or dimension (Binswanger, 1963). It is predominantly concerned with the dilemma of being strong as opposed to weak; thoughts, memories, identity and freedom are the main components of this dimension (Cohn, 1997). Existentialism and gender are discussed in 'Background literature, Existential perspectives on gender' and 'Introduction, Terminology'.

As part of my preparatory work, I formulated the schema below to help me conceptualise the interview format from an Existentialist viewpoint. Thus, to understand the man in

couples counselling (centre of study and circle), we begin to understand man in relationship (Mitwelt, the next circle) as well as man for himself (Eigenwelt, outer circle). What a man is for his-self is interrelated with what he is not – hence the top being what he is and the bottom what he isn't in this outer circle.



The grid below further operationalised the type of questions that were asked in what areas, by adding a temporal axle to the enquiry. It thereby aimed to illuminate the three temporal aspects of the participants' experience – before, during and after therapy – through a series of open, exploratory enquiries as detailed in the grid. This semi-structured interview format allowed the flexibility for the participants to talk freely of their experiences.

In addition, I asked the following specific questions in the event they were not answered when working through the grid:

What were the reasons for you and your partner attending couples therapy?

How did you and your partner choose your therapist, and what influenced this choice?



## *Couples Counselling*

## *Before*

## *During*

## *After*

### *Being Male*

Role models

Key men in life

### *With regards to relationships*

Partner

Therapist

Key people in life

In the therapy room

### *Apophatic*

What being male is not

### *Immediate experience*

Being with me

## **4.13 Pilot study**

The term 'pilot study' is used in two different ways in social science research (Ahmed, 2006; Smith, 2008). It can refer to so-called feasibility studies which are "small scale version[s], or trial run[s], done in preparation for the major study" (Polit & Beck, 2006, p. 467). However, a pilot study can also be the pre-testing or 'trying out' of a particular research instrument

(McLeod, 2003; Yardley, 2000). One of the advantages of conducting a pilot study is that it might give advance warning about where the main research project could fail, where research protocols might not be followed, or whether proposed methods or instruments are inappropriate or too complicated.

It should also be recognised that pilot studies may have a number of limitations. These include the possibility of making inaccurate predictions or assumptions on the basis of pilot data as well as problems arising from potential contamination (Paget, 2016; Teijlingen & Hundley, 2001).

Contamination is less of a concern in qualitative research, where researchers often use some or all of their pilot data as part of the main study. Qualitative data collection and analysis is often progressive, in that a second or subsequent interview in a series should be 'better' than the previous one as the interviewer may have gained insights from previous interviews which are used to improve interview schedules and specific questions. Frankland and Bloor (1999: 154) argue that piloting provides the qualitative researcher with a "clear definition of the focus of the study", which in turn helps the researcher to attune the interview format and questions.

I conducted my pilot interview in June 2016. The analysis of this interview revealed that potential themes were emerging that were not reflective of the initial literature review. This was both exciting and daunting to me as researcher. These initial themes were discussed with my research supervisors as advocated by Holloway and Walker (1995). Indeed, both supervisors read the full verbatim and studied my coding and theming. While it was clear that the overall interview framework had worked satisfactorily and that potential themes and findings had emerged that were both present in and absent from the literature, it was decided to conduct a further two interviews as part of the pilot. The full verbatim and emerging themes of the two further interviews were sent to my primary supervisor for review. In addition, I also presented my initial findings at NSPC in January 2017 to an audience that included the Deputy Programme Leaders for the DProf and DPsych in

Existential Psychotherapy and seven of my peer group. Again, a lack of correlation with the literature review was noted and it was suggested that the second phase of the literature review was conducted once all interviews were completed to enable emergent themes surrounding men in general to be explored in the literature rather than purely through the perspective of couples therapy texts.

The initial emergent themes from the pilot study are presented in Appendix 6 and the feedback provided from my research supervisors and peer group presentation is contained in 'Feedback from supervisors and pilot study presentation'.

#### ***4.13.1 Pilot study reflexivity***

The initial findings from the pilot interviews proved challenging as many of them were not expected or anticipated before starting this research. In addition, many of the initial themes were not representative of the outline literature review conducted as part of the research proposal. While this lack of correlation points towards validity of the research (see sections Research design, Validity and reflexivity and Discussion, Additional validity and reflexivity), it arguably put me as researcher, as well as the interview framework, under scrutiny; there were no comparable studies or findings, the themes emerging were deemed as potentially 'controversial' and some damning insights into the views of the participants about their individual couples therapists were manifesting.

As a practising therapist as well as researcher, I was aware of the challenges and dilemmas such emerging material posed. The research was specifically into the experience of being a man in couples therapy and *not* about the efficacy, modality, gender, sexuality or ethnicity of the therapist. Enquiring about participant experience in the research interview was relatively simple using the framework described in section 'Research design, Interview format and approach'. That being said, it was also inevitable that asking questions about their experience could be argued to be leading. Thus, care was taken to move through the

whole framework outlines in section 'Research design, Interview format and approach' without overtly focussing on specific aspects. This was personally challenging if participants mentioned instances of where their couples therapist was reported to make interventions or comments that collided with my own perspective of couples therapy. Thus, it was decided not to ask any questions surrounding the participants opinion of the therapist but if, during the course of interview, participants volunteered something about their couples therapist it was acknowledged, followed up with how that had shaped their experience, before moving on. During analysis, however, when themes relating specifically to some of the therapists were collated together they felt dispiriting. Indeed, deciding how to deal with such material without it dominating the research project took up much time in research supervision, personal therapy and in my journaling.

Initially it was decided to describe such therapeutic interventions in the thesis without explicit quotations. This approach was adopted as it allowed the participant's experience to be illuminated without fuelling a discussion focused on the therapist; it kept the findings participant-focused. This approach was changed following final VIVA as the external examiners made it a criteria that "every statement has clear reference and the strength of claim reflects evidence on which it is based". To this end, and to allow the reader to assess, understand and question whether the themes presented are an accurate reflection of what the participant described, while maintaining the integrity and focus of the research, extensive quotations are presented below that correlate to the findings presented in section 'Findings, Awareness, Gender bias of some therapists'. These quotations are presented here as opposed to section 'Findings, Awareness, Gender bias of some therapists' to provide evidence of findings whilst maintaining focus on the experience of the participants, rather than on therapist.

The first participant is describing his experience of going to couples therapy:

*R: This is what was quite shocking on the first... Actually, on the first appointment, we talked about it and [the therapist] said, I remember them*

*saying, they used to say, when you get high energy, and this is the first time I started looking at it thinking, actually, yes, this is probably... I hadn't really looked at it like this, but [the therapist] was almost suggesting that it was almost bordering on domestic violence and that therefore we should be separating in the initial sessions because [the therapist] didn't think it would be appropriate to raise things in the session that would potentially lead to me getting into those states. Honestly, I was looking at [the therapist] thinking, well, I know that's not... I can tell you, that's not going to happen because I get like that when I get really frustrated and I don't feel like I can voice my opinions. But it's not like I'm going to stand up here and start punching walls. But at the same time, I'm not going to argue with you, either. There's no point in me arguing, so I just said, yes, that's fine, let's do that, then.*

*I: What was that like for you, then?*

*R: It was a bit of a shock, obviously.*

*I: Can you say more? What was shocking about it?*

*R: I had never looked at it in that way. I'd never considered that my actions could be even slightly, in any sense, related to any sort of domestic violence situation... I found it, I did find it shocking. But at the same time, I kind of thought, well, I can kind of understand why you're doing that, and I'm not going to argue either, but what's that going to serve? That's just fanning the flames if I suddenly stand up and go, well, that's ridiculous, I'm not going to do that.*

*I: Have you had experiences before in your life where you've been in similar situations?*

*R: Not, obviously not in that sense. No.*

- I: *Because you've talked quite heavily about the differences between the way your partner reacts and you react. Where did you learn how to react as a man?*
- R: *In that way?*
- I: *In any way, how to behave as a man.*
- R: *Where did I learn to act like... As a man? I don't know. Well, I guess, watching your parents, to a certain extent. I guess I kind of live in the moment a lot of the time. You have a way a behaving or reacting to a certain circumstance. Now whether that is me... Whether I would say that is just me acting as a man. Well, I guess it is because I'm a man, so I don't know. But, yes, I guess, you know, interactions with your parents, maybe, is...*
- I: *You seem quite angry.*
- R: *I don't know if I was angry at myself.*
- I: *Now, here with me, you seem quite angry. You've got a rash on your neck.*
- R: *Maybe it's embarrassing. I don't know, maybe I find it a bit embarrassing that that's how... That that was the suggestion.*
- I: *Okay. What's embarrassing about it?*
- R: *Just because I'd never considered myself... I would never, ever physically look to... I've never even considered a thought of hurting my partner physically and so I find that quite difficult that there was a suggestion that that might be a possibility*

*Participant one*

The following excerpt is taken from the second interview conducted with a participant:

I: *Tell me about the first session, how you think it went, what it was like for you to be there.*

R: *I cried, because I think like the possibility was real then, it was real that the outcome might be that my partner would leave. And they asked us questions, they asked us why we were there, like what, you know, what was the point basically. It was kind of like [the therapist] was asking us questions to see if we were gonna have any further sessions. And yeah, they asked us why we wanted to have it, why we wanted to keep, to stay in the relationship, or if we wanted to. And I'd said, I remember like choking up, and my partner was there, it was quite embarrassing. But I said 'It'd be such a shame because we'd been through a lot' and yeah, it'd just be a waste, not just about time, but of what, just the relationship and how things could have been. And yeah, I guess it kind of brought that home to me, actually how valuable it was, and how much I wanted it. My partner didn't cry, and actually she was more negative about it than I was. Not negative, but I'd said that I absolutely wanted to stay together, and I want the relationship to work, and we should, and you know, be because of like what I said and, it'd be such a waste. And she'd said that, something more along on the lines that she doesn't want to stay in it as much as I did. You know, I think that, just the fact that she was really open to the idea that we, you know, that the relationship would end. I think that really brought things home a bit as well.*

I: *How did the therapist interact with you both?*

R: *Generally, or in that first session? Just generally she's*

I: Generally is fine...

R: *[The therapist was] nice, really softly spoken, which I didn't mind. My partner had remarked that she didn't like it, it was almost condescending. But I didn't think it was, but they reminded me of [a relative] actually, the therapist. I don't know if it was something to do with their accent, or just the rhythm of their voice, or something. So, I don't know, maybe I identified with that, so I liked them a bit. [They were] quite conversational, like, informal, chatty, [the therapist] related things back to their son, and ex-partners, and they sort of, you know, dropped in some swear words. I don't know if that was to put us at ease, or if it was something else*

I: OK, can you say more?

R: *Well, actually, because when they mentioned their son, it was in relation to some of my behaviour, and they mentioned their teenage son, and that kind of annoyed me initially, because I felt like they was saying I was behaving like a teenager. But again, after reflection on that, I was behaving in a way that, you know, I shouldn't have been. But when they mentioned their previous partner, it was because they'd had a difficult relationship and they'd separated. And it was about their differences in sort of [their partner] would get up in a morning and then [the therapists partner] would be negative towards [the therapist] because [the therapist] had stayed in bed longer... To be honest it wasn't too... I didn't see that much relevance in it, at the time.*

I: And now?

R: *Hmm, I'm not sure because when they mentioned it, it was almost like role reversal when [the therapist] applied it to mine and my partner's relationship, so I would have been more like the therapist's partner. Because*



*the roles were reversed, so I assumed [the therapist] wouldn't have negatively sort of referred to themselves, and then projected that on me, does that make sense?*

*Participant two*

*Further into the interview, participant two said:*

*"There was one incident, because, you know, to shout and scream at someone, you never should do it, you know, it's abusive, you shouldn't do it. But I remember saying to [the therapist] that I don't shout, it doesn't come out of the blue, there's some sort of trigger or stimulus that has made me angry, and then they said something about... I think they mentioned another couple, obviously not names and things, but they mentioned another couple and it was a couple, he was an abusive partner, but like physically abusive like, you know, he didn't sort of just shout, and the therapist talked about his excuses. And you know, they didn't say to me, there's no excuse for your reaction, but with the story, that's sort of what I took from it. Well I feel like that's exactly what [the therapist] was saying, and [the therapist] kind of shut me down before I got any further, and I kind of felt afterwards I was like embarrassed that I'd started to justify that behaviour.*

**I: Or be compared to some other behaviour?**

**R:** *Yeah, maybe that as well yeah.*

**I: Because have you ever hit your partner?**

**R:** *No, no, no, no.*

*Participant two*

Further reflexivity about the whole analysis and write-up is contained in section 'Discussion, Additional validity and reflexivity'.

#### **4.13.2 Feedback from supervisors and pilot study presentation**

The transcript of the pilot interview along with my initial findings were shared with both research supervisors. Their feedback included:

*Your findings and questions are very interesting, if not troubling at times. Good you are on top of your own responses to your participants' experiences.*

*The format seems to work well. You have got some very rich material. The domestic violence stuff and aggressive man is challenging to read, as is the stuff around communication.*

*Suggest in future interviews, you unpack this one question at a time. If you ask what is a man early in the interview, you have something to compare back to, open up, explore further, so questions like did therapy change your view will be contextualized.*

*A propos neutrality, assumptions about whose concerns get explored, I wonder if you are asking who brings up issues for discussion in the therapy? I often find one partner being active, thinking up and bringing their issues to discuss, and the other partner feeling 'in trouble' and not initiating discussions. Of course, this gets to the heart of communication and couple dynamics.*

*Also, do you have a sense where the participant experienced the therapist as blaming them for the relationship problems, was this matched/challenged by the participant himself?*

*Be careful to ensure you ask open, non-leading questions throughout and maybe rework the sequencing of some questions in future interviews*

*Your co-researcher is putting an opposing view here, which is good that he can, so try to keep the questions open for him and not jump in. e.g. What did you make of that? Question that follows great example of open question*

*In terms of one-to-ones, if this bias continues to be a theme, perhaps looking at whether this is the participant's decision, the therapist's, or the partner's.*

*The lack of sibling discussion is really interesting, showing the absence of data as important as the presence.*

#### **4.14 Stages of analysis**

Smith, Flowers and Larkin (2009) suggest a framework for the analytical stages of IPA. They also note: “there is no clear right or wrong way of conducting this sort of analysis [IPA], and we encourage researchers to be innovative in the ways they approach it” (Smith et al., 2009, p. 80). During my MSc in Counselling Psychology (Paget, 2012) I conducted an inductive thematic analysis for the thesis based on the analysis of four semi-structured interviews. Based on this experience and having followed the six stages of thematic analysis advocated by Braun and Clarke (2006), the selection of IPA, as discussed ‘Research design’, fits with my research question, my previous research experience and my desire to be active and open in my interpretations.

In line with Smith, Flowers and Larkin (2009), the following steps were followed in analysing my transcripts:

Step 1: Making notes immediately following the interview on how I had experienced the participant and the content of the interview.

Step 2: Listening to the audio recording twice – initially checking the verbatim for accuracy and then to familiarise myself with the overall content and tenor of interactions, noting down my thoughts.

Step 3: Working through a print-out of the verbatim on a line-by-line basis, marking down emergent themes and/or notes; “A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set” (Braun & Clarke, 2006, p. 7). Howitt (2010) states that themes simply emerge from the data. However, this neglects the active role of the researcher in IPA. It also disregards the complexity of the task of analysis and the subjectivity of the researcher appears overlooked, i.e. the extent to which the themes reflect the data is entirely determined by the researcher.

Step 4: Using MAXQDA (see following section), reworking through the interview and making descriptive comments about what appeared to be important to the participant and then describing in my own words what I believed was being said (as opposed to taking the words at face value as with the first iteration) and developing initial codes as contained in Appendix 6. During this process, I also noted any metaphors used as well as the overall language employed, mindful of powerfully descriptive words and language that could be considered gendered or assumptive of gender tropes, such as assuming gendered dominance, toughness or emotion.

Step 5: Using a print-out of stage 4, I listened to the individual recordings of sessions and made notes based on the tone and timbre of the participants’ dialogue, speech patterns and voice. I also worked through the transcripts and recordings, paying attention for what was potentially not being said. This included who the participant was talking about and who they were not as well as any statements that seemed incongruent, with reference to the audio recording, again to get a sense of the participants tenor and word pattern.

Step 6: I copied all of my notes from stages 1-5 into a MaxQDA and then grouped them into related themes. During this phase I also noted any differentials in my analysis, such as if I had made notes about a specific theme in one phase

and not in another. This allowed me to reflect on my experience of being immersed in the data at various times and to journal thoughts about my impact on the research for discussion with my research supervisors and in personal therapy.

Step 7: 'Super-ordinate' (Smith et al., 2009, p. 96) themes that grouped sub-themes logically were considered and implemented where relevant.

Step 8: A copy of the interview transcript with details of my emergent themes and super-ordinate themes was sent to my primary research supervisor for review and discussion.

#### **4.15 Use of computer programs & MAXQDA**

For qualitative studies this type of software is generally referred to as Computer Assisted / Aided Qualitative Data Analysis (CAQDAS).

A number of researchers have commented on the utility of using such software in the analysis of qualitative data: Silver and Lewins (2014) and Ritchie and Lewis (2014) found that it saved time and was particularly useful when there was a large amount of data. Such organisation and management of the data was applauded by Banner and Albarran (2009), who suggest that the analysis produced is 'rigorous' (Banner & Albarran, 2009, p. 24).

The word count of the initial interview meant that I anticipated a large body of data, circa 120,000 words once all interviews were completed and transcribed. I felt that manual analysis of this would be difficult. The initial interview revealed themes that were not present in the literature review and I suspected that the subsequent interviews might be similar and I wanted to do the analysis justice; all of the data collected was important and I needed to find a way to sift through it, manage it into sections and organise this in a way that captured its diversity and uniqueness as well as its points of similarity. I looked at two options, NVivo and MAXQDA. I decided upon MAXQDA as it felt more intuitive and when

Saillard (2011) did a comparison between MAXQDA and NVivo she concluded that MAXQDA was preferable. “MAX” is a reference to Max Weber, the German sociologist while “QDA” stands for qualitative data analysis (Humble, 2009).

MAXQDA allowed me to peruse each interview as it was transcribed and specifically analyse the questions that I had posed to ensure they were non-directional and open-ended. I also made use of an auto-find feature that queried the data for specific words or strings of words, allowing me to manually decide if they were relevant or not to a potential theme. This allowed me to identify coded themes across transcripts which were then compared against each other for similarity and difference, resulting in some areas being re-coded or classified as sub-codes. Some statements needed to be kept within the context of the paragraph since meaning was lost when the section was shortened.

A further important benefit of MAXQDA is the logbook feature, which helps you keep a journal of your analysis work. The term logbook is traditionally used in connection with ocean navigation, where it was used to record meaningful happenings and observations. With the logbook, MAXQDA offered me an easy tool to help keep track of what I had done and when and what was happening for me as I emerged myself in text. The logbook is set up to have the newest entries at the top, so you don’t need to scroll down to get to the most relevant information and it is also searchable. This was a valuable resource in research supervision.

#### **4.16 Project timeline**

Initial proposal submitted	October 2014
Initial PAP-Viva	December 2014
Amended proposal submitted	February 2015
Second PAP-Viva	April 2015
Initial ethics	November 2015

Resubmission	January 2016
Second ethics	February 2016
Final approval	April 2016
Pilot interview	June 2016
Presentation of pilot findings	January 2017
Recruitment of all participants	May 2017
Completion of interviews	June 2017
Commencement of theming	June 2017
Completion of theming	January 2018
Initial findings	January-March 2018
Initial discussion	March-April 2018
Preparation for VIVA	May 2018
Submission	May 2018
VIVA	September 2018

## 5 FINDINGS

### 5.1 Introduction

The purpose of this research was to explore the participant's experience of gender identity in couples therapy. Analysis of the data revealed a variety of themes, some of which were not related to the research question focus on gender identity and are therefore not included in this analysis.

Throughout the process of analysis, I undertook a reflective interpretation of the text, setting my preconceived ideas to one side and visiting the text anew to gain a fuller and more meaningful understanding (Moustakas, 1994).

Six major themes emerged. Five of these major themes are made up of subordinate themes, with one, *Acceptatio Fati*, being a single concept. Aspects of these themes sometimes overlap and rather than impose rigid artificial boundaries upon a complex dataset, I acknowledge the interrelatedness and overlapping nature of the analysis. Five of the themes are presented alphabetically to horizontalise the findings rather than arranging them in any order of importance. However, the subthemes are arranged in a narrative manner to help illuminate the participant's experiences. *Acceptatio fati* is presented at the end of the findings as it is wholly interpretative and tentative.

The major themes presented in this paper are:

- Awareness
- Being a heterosexual man
- Care
- Communication
- Space and time
- *Acceptatio Fati*



Excerpts from the transcript are included below to illuminate the themes, with 'P' used to identify the participant and 'R' the researcher.

The findings start with an overview of the dataset including non-identifying demographic data before moving through the identified themes.

## **5.2 Participants**

Identifying details including names of people, agencies and locations have been changed to preserve confidentiality and anonymity. Participant data have not been tabulated as many participant's current partners and friends knew they were attending the interview for this research and even basic demographic data might allow participants to be identified, either by the person they went to therapy with or by close friends. The randomly selected names allocated to the participants are Oliver, Jack, Noah, Jacob, Charlie, Harry, James, Thomas, Lucas, John, Michael and Theo. To further maintain anonymity, the relationship status of the participants has been masked by the use of 'participant's partner' rather than using identifying descriptors such as wife or girlfriend. In addition, references to the gender of the therapist have been removed in all instances in line with ethical requirements from NSPC and Middlesex University.

All twelve participants self-identified as heterosexual, white-British, middle-class, cisgender men. The youngest participant was 36 with the median age being just over 44. Nine of the participants had children. All participants attended couples therapy for a minimum of six sessions. Two participants had attended couples therapy for in excess of one year and the average number of sessions attended was 19.75.

Six participants attended one series of couples therapy sessions, with five participants attending two series and one participant attending three series. Five participants had couples therapy via Relate and one via the NHS. Eight participants experienced private

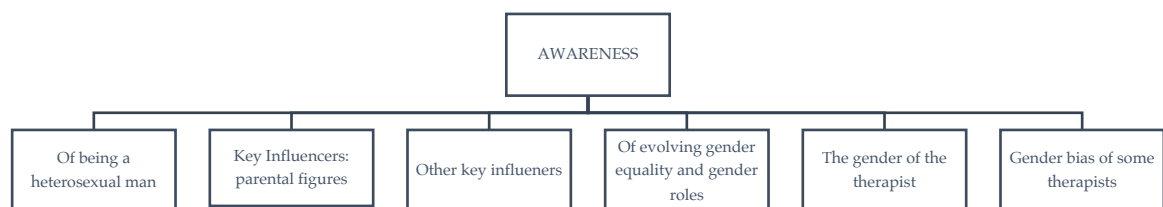
couples therapy. One-third of the participants had experienced personal therapy and one-sixth had engaged with group therapy.

One participant attended couples therapy at the suggestion of his partner, two following a suggestion from the family doctor and seven after proposing it themselves to their partner. Two participants said it was unclear whether they or their partner had suggested therapy.

Seven participants said their initial therapist had been found through an online search, with four stating their initial therapist was chosen following recommendation. One participant said he attended couples therapy with his previous personal therapist.

Nine out of the twelve participants discussed going to couples therapy with someone other than their partner either before, during and/or after therapy.

### 5.3 Awareness



Awareness refers to the participants' ability to know, perceive and feel. This theme describes their consciousness of being male, key influences on how they became a man and how they experienced aspects of couples therapy including the gender of the therapist as well the perceived gender bias of some therapists.

### 5.3.1 *Of being a heterosexual man*

All participants were aware of being male and also of being heterosexual. While no participant appeared to have any doubts about their sexuality, they all questioned on some level their own view of how they complied with societal tropes regarding being a man. Jack is an example of this. When discussing his sexuality, Jack said:

*“And I’ve always been like that, which is nice, I guess, because I’ve never had any doubts on that score.”*

*[Jack; Position: 138]*

However, when it came to his gender, Jack commented:

*P: Yeah, it’s something actually, that I don’t relate to*

*R: Okay.*

*P: On so many aspects, that sometimes I actually wonder if I am a man, [laughter] you know. In the context of men that I’ve met, and let’s just say I’m a man who’s very in touch with his female side”*

*[Jack; Position: 64]*

Indeed, the use of “feminine side” or “masculine side”, “male or female” or “masculine or not” were common descriptors for all participants in this context. No participant referred to a degree of compliance in terms of their own gender but always used dichotomous descriptors that appear to be measured against a fixed, personal criterion that was unique to them. In this way, the absoluteness with which the participants described their sexuality corresponded with the absoluteness of their sex and the absoluteness of male or female when describing their ‘sides’. No sense of anything other than dichotomous identities existed in any descriptor relating to sex, sexuality or gender.

All of the participants had an awareness of what they believed a male should or should not be. They all also had a personal view of how they measured up to this standard. Despite this, none of the participants except one appeared particularly bothered about how they were viewed by others including me, as illuminated by Lucas:

*"I don't really... I try not to.... I just try to be myself really! I don't really bother too much as to whether it's manly or whether I think it's manly or whether anybody else thinks it's manly"*

*[Lucas; Position: 76]*

The lack of concern demonstrated by Lucas was also evident for other participants in less direct ways, for example, by challenging masculine tropes without apparent fear of being judged:

*"If I decide to wear a pink shirt when we go out to a party, that's absolutely fine. I don't have that problem with manliness or non-manliness or anything"*

*[Charlie; Position: 142]*

*"P: Yeah, we talked about our sex life.*

*R: So, what's a heterosexual man expected to be like sexually?*

*P: Available and interested, and I don't think I was."*

*[James; Position: 1 | 23 - 1 | 23]*

Here both men are clearly demonstrating awareness of gender norms and tropes: pink is currently associated with girls, men are portrayed as always wanting sex (see 'Background literature'). When listening to the recordings of the interviews, the delivery of these sections could be described as nonchalant. While this apparent laissez faire approach to gender norms is evident throughout the transcripts, it is somewhat at odds with the earlier identified perceived absolutes of gender (male, female, not male) in that the men know what being a man entails and how they personally measure up to these standards, but also do not

usually seem particularly concerned what anyone else thinks. Further enquiry into or challenge of these views were not within the remit of the research interviewer, but potentially could be explored between client and therapist in sessions.

Thus, being a heterosexual man is something that all participants were aware of but their experiences and descriptors during the interviews were both nuanced and personal.

The next section explores participants' perspectives on who most influenced their awareness of being a heterosexual man.

### **5.3.2 Key influencers: parental figures**

Universally, the participants' perception of their parents and their own upbringing was a significant factor in how they felt they chose to be both as a man and as a man in relationship with a female partner:

*"the key figures you automatically think of are your parents which in my case was my real mother and stepfather"*

*[Jacob; Position: 66]*

*"Well it's obvious really. I suppose you do pick up from your parents, don't you, and you do... Yeah, my parents were..."*

*[Charlie; Position: 116]*

As well as being the defining relationship other than their own that the participants talked about, the quality of their parents' relationship affected their views on their own relationship, for better or for worse. For some, having parents who appeared to be in long and happy relationships made them feel inadequate or somehow failing when it came to their relationship problems. Although not directly identified by such participants, this

feeling of failing appeared to be a motivating factor for attending couples therapy. For James, being a part of a failing relationship, a term used by James and the couples therapist, was something to be kept private from the family:

*"we didn't want surrounding family to worry that we were going through a rocky patch; I think we keep up appearances."*

*[James; Position: 48]*

For Charlie, he believed that he had become so adept at ignoring his own unhappiness in a manner that he had learnt from his father that he almost believed that with time he would become more content in his relationship as he liked to assume his father had, despite suspecting his father died an unhappy and discontented man:

*"I knew deep down there was something but I chose to brush it under the carpet and thought that everything else more than made up for it – the fact that everything seemed happy, on-the-surface happy, house and family and no stresses from outside in terms of jobs or other relationships or other family issues or whatever."*

*[Charlie; Position: 102]*

The revelation by his partner that she was having an affair made Charlie realise that he could no longer avoid his own unhappiness as he felt his father had.

Other participants who experienced their parents' relationships as difficult seemed to indicate that they felt their parents staying together was a failure and something that they would not consider emulating:

*"So, my parents are still together. That was a nightmare relationship. I've often said to my dad, why did you ever stay"*

*[Harry; Position: 366]*

*"My mum and dad split up, but they didn't, they stayed in the same building, which didn't help."*

*[Jack; Position: 84]*

In all the interviews, it was clear that the participant's parents' relationship was a significant factor in their own relationship. Three participants recalled the couples therapist exploring their partner's parents' relationship while none reported any recollection of their own upbringing being explored. For Charlie, the exploration of his partner's family and upbringing allowed him to understand his partner more as it shone a light on some of the experiences and influences that had shaped his partner. He reported this as helping him to understand his partner's needs and expectations better, and that this understanding helped form a basis to rebuild their relationship. Noah experienced the exploration of his partner's family as positive and reflective of his partner's greater needs:

*"P: I think a lot of my issues, just in compared to Stephs's issues, were sort of trivial stuff, that I guess everyone deals with, but that I should be sort of dealing with better..."*

*R: And what's that like for you?*

*P: Well again, it sort of reinforces this idea that the emphasis was on Stephanie because she's struggling with so much, that yeah, maybe early on [the therapist] had sort of decided or identified that the focus or the emphasis should be on Stephanie's needs."*

*[Noah; Position: 144 - 147]*

When listening to the audio recording, it is clear that Noah seemed genuinely pleased that his partner was receiving the attention. His feeling that his own issues were trivial is his perspective and is confirmed by the recording and surrounding material; this is explored further in the section 'Acceptatio Fati'. Oliver felt differently:

*"P: And I certainly know she did it with Jane a lot because I remember lots of associations going on there between her and her mother. And, in fact, that was the main issue, I believe.*

*R: There was a lot of work around Jane and you don't recall work around you? What sense do you make of that?*

*P: I don't know, maybe it either wasn't looked at; it should have been looked at. Well, I presume it should have... You know, you are who you are because of what you've seen and heard and done and it would make sense, probably, to have explored that maybe more because I'm sure there are things. Well, there must be things that I've experienced in my growing up."*

*[Oliver; Position: 119 - 121]*

Comparisons to both their parents' relationship and the individual parents manifested for most participants, as illuminated by Jacob:

*"So I think growing up and then getting married, I was thinking, 'Well I don't want to end up like that,' rather than thinking, 'Oh yeah, there's bits I can take from how my mum and dad were together and transplant that into how my partner and I are.'"*

*[Jacob; Position: 68]*

Most participants tended to model their own behaviour either in line with or directly in opposition to their impression of their father's behaviour. Here John describes directly emulating his father

*"R: You mentioned your parents relationship, what do you think your parents' relationship taught you about gender?*



P: *Oh, it was very much my father that did everything. My father paid all the bills, it was, you know, the traditional man, traditional female roles. So when I got married, that's what I did. Although I married a woman who is not like my mother, yeah.*

R: *You acted in line with what you'd seen your father do?*

Y: *Yeah. And my view of what, you know, like protector, guardian of the family, and that sort of thing, I suppose."*

*[John; Position: 80]*

The remaining participants said they blended what they felt to be the better attributes of both parents. No participants reported that they had tried to emulate only their mother's relationship or behaviour style.

There is a sense in the verbatim and recordings that father figures were discussed far more respectfully by several of the participants, using language that could be described as kinder, warmer and more understanding than the language used for mothers, who tended to be described in a critical, almost demeaning manner in places.

*"No, my mother didn't work and she was at home and kind of largely finding things to do with her days, so she was making up chores to fill her days as far as I could see and my father worked."*

*[Theo; Position: 70]*

*"My mum didn't work from the day she got married. I was... so, my mum's life revolved around home, and she was the person who would do the housework. Dad came home for dinner, it had to be on the table, at 12.30. Then, she'd clean up, and might do her make-up, and all that stuff, waiting for my dad for when he came home."*

[John; Position: 78]

Both of the above excerpts focus on the participant's view of their mother's role, be that "making up chores" or doing "her make-up". John does say dinner "had to be on the table". However, this is delivered in an almost throwaway fashion without any thought or significance being attached to it. Indeed, John's main emotion is being directed, arguably negatively, towards his mother. Where participants were critical of their fathers, the criticism lacked any form of belittling, a sentiment that was at times evident with regards to mothers, and tended to be supported by some form of statement of understanding:

*"Never saw any males in my life, they were all out working. So, I look back on that, and I think, hmm, what was I missing out on, there, you know, where was my dad? Most of the time, he was working. And then, he didn't have much time when he was off, he was busy doing whatever he was doing. So, you know, we did the odd football thing, but there wasn't much time for anything really, you know. You get up in the morning, and he's gone to work, he comes back at night, and he comes back in late on, and you'll get ready for bed. And that's how you... and I just think, you know, wouldn't it have been nice if I could have known my dad better, looking back. And that upsets me a lot, as you can see."*

[Jack; Position: 230]

In addition to reflections on their own parents, several participants disclosed that they had identified parallels between their partner and her mother. In these instances, where described, such behaviours were presented negatively by the participants. This is clearly illuminated by Oliver who is being asked to offer a greater insight into his belief that his partner Jane's communication style in their relationship was linked to her mother:

*"R: Can you say a little bit more about that?"*

P: *Yes, so the relationship between her mother and her is very... Her mum is very oppressive. Not oppressive. She's very, as I would call it, passive aggressive, as well, and manipulative... She never says things directly but she tries to get a reaction by making, you know, almost by goading for reactions... And I think that's pretty much how Jane was parented for a very long time... But I can see that quite clearly. I can see, when I speak to her... Even when I speak to her mum, I can see very much how it has impacted on her, the way that she behaves."*

*[Oliver; Position: 109]*

Here Oliver is very aware of parallels he sees between his partners's behaviour and her mother's. Again, the references are negative. Oliver does not discuss his father-in-law at all, and when talking about his own parents, describes his father as relatively calm and supportive. He describes his mother as follows:

*"My mum is very... She'll snap, as well, and do things. Again, not, as I would call them, not physically aggressive things, so she would never hit or slap or throw anything at anyone or do anything like that but, yes, I've seen her throw cups of coffee over my dad. I've seen her just chuck, you know, a milk bottle out the window in frustration or, you know, I've come back and found stuff written on the mirror that's to my dad, you know, I guess when she was maybe... Or they were going through difficulties themselves. Interestingly, she was a counsellor for [couples therapy organisation]."*

*[Oliver; Position: 125]*

Without exception, all participants have a relatively strong awareness that both they and, to a lesser extent, their partners were influenced by their parents/primary carers and their upbringing. Overall, father figures were described in language that was different to that

used for mothers. In terms of prevalence, the time participants spent talking about their fathers was significantly greater than that for their mothers.

### 5.3.3 *Other key influencers*

In terms of influence on the participant's gender identity, no other relationship, including friends, featured significantly in any interview. Indeed, siblings were noticeable for their absolute absence in dialogue, awareness or reported influence.

All participants were aware of wider societal, western gender tropes and gender roles. When it came to male representations of gender in the media, several participants commented that action heroes such as Arnold Schwarzenegger, Jackie Chan and Jason Stratham made them feel decidedly un-masculine by comparison. Two figures who were reported as being admired were Morrissey and Grayson Perry. Thomas, when asked what appealed to him about Morrissey, replied:

*"Completely a one-off, completely 'I will never marry' routine, completely in a way, in touch with himself. Okay, he's got some maddening aspects as well but, you know, that's just one-off originals, who do exactly their thing, and stick to their guns, stick to their politics, and yeah."*

*[Thomas; Position: 86]*

With regards to Grayson Perry, both John and his son were interested in his work:

*"I mean, he touches on a lot of these things, about being a man. And my son really rates him. [He] says all this stuff about identification and gender, stereotyping and stuff. But no, I do think, that's where I think there is a difference in time, you know, over the last 40, 50 years, is that someone like that is listened to, and is*

*treated seriously and valued. Whereas, you know, it just wouldn't have been listened to 50 years ago. So, I think there's been positive moves."*

*[John; Position: 334]*

Arguably both Morrissey and Grayson Perry play with gender identity. John makes a reference to the passage of time and changing values. This is discussed more fully in section 'Space and Time'.

Clearly, parents are the most significant influences for these participants with regards to role models for being a man and being a man in relationship with a woman. Parents also feature heavily in section 'Findings, Communication, Anger'.

Other influencers, while present, appeared significantly less across the dataset with regards to gender identity for these men.

#### **5.3.4 Of evolving gender equality and gender roles**

*"P: Apparently men are not expected to be the breadwinner these days. Men can be just as much a contributor at home – a husband or father – as a woman can be and that's not sort of looked down on or seen as odd or inappropriate.*

*R: The way you're saying it sounds as if you don't believe that.*

*P: Well it doesn't match my experience I suppose. I believe it's the case in the wider world generally speaking but it wasn't the case for me in my relationship."*

*[Jacob; Position: 170 - 172]*

Awareness of equality issues, changing gender roles as well as being seen to be supportive of these changes, seeped through all interviews with all participants. That being said, as

demonstrated by the opening quote from Jacob, not all participants believed that the changes they were aware of in the outside world were reflective of the situation in their own relationship. In some relationships, this perceived inequality was cited as a significant cause of relationship problems; in others, there was acceptance that the rules in their relationship had been set in a time before the more recent advances in equality and this seemed to be regarded as peripheral to the main issue in the relationship such as infidelity, depression or alcohol/substance abuse.

Staying with Jacob, he felt that his partner resented that fact that she earned more money than him and this was a root cause of their relationship problems:

*“P: It got to the stage where I felt guilty if I wasn’t doing these things every day, especially as I wasn’t always able to contribute financially equally, I felt like I had to do more in that area to balance the seesaw in our relationship a bit to feel like I was contributing adequately.*

*R: And did this get explored in couples therapy?*

*P: Certainly the financial side of things did because a lot of our arguments were about money one way or another. I don’t remember stuff about housework so much. I’m sure it would have done...*

*R: Why was it such a... can you remember why you argued about it so much?*

*P: Because my partner often felt like it was unfair that she was having to pay more towards mortgage and bills and so on. Like if she wanted to go out to dinner, she’d end up having to pay for both of us a lot of the time. She found that kind of fundamentally unfair I think”*

*[Jacob; Position: 88 - 92]*

Money and equality was also an issue for Noah and Harry:

*“she thought when you go on a date, that the man should pay, and if he didn’t that’s really bad, and that’s how lots of women think, and it is, talking about it, and I’ve learned... So now I’ve learned to sort of accept the reason, you know I think about the reasons why she thinks that should be the way.”*

*[Noah; Position: 119]*

**And:**

*“P: ... that kind of early stages of a relationship isn’t it, where you’re always expected to pay.*

*R: I don’t know. Is it?*

*P: Oh, okay. So, in my experience...*

*R: I don’t know what your experience is.*

*P: Okay, so my [laughs] ... My experience is that you’re always, you know, there’s a thing of you should... it should be halved sometimes. I just want someone sometimes to offer to pay. To make...*

*R: You would like?*

*P: Yeah, just like the offer.*

*R: What’s it like that you don’t get the offer?*

*P: Well then you feel taken for granted...”*

*[Harry; Position: 196 - 204]*

For Noah and Harry, negotiating equality was complicated when equality clashed with romantic gestures/expectations such as paying the bill. Indeed, romantic ideals as sometimes portrayed in fairy stories were a significant gripe for Harry in relation to his

partner's expectations of him ("she's quite romantic, you know, she's a Disney fan, and she likes the sort of, the fairy-tale idea," when describing his partner) versus modern standards of equitability. Confused values were also a problem for Harry, which left him feeling taken for granted:

*"you know there's equality and... But you still have to like kind of open the door and let people go, you know. So, although there's meant to be this equality, I think the women I know still expect to be treated like a lady, even though they want the equality. So, they don't wanna pay, they... you want opened doors, they wanna be picked up, you know they want you to drive. But everything's got to be equal."*

*[Harry; Position: 182]*

Clearly Harry is resentful of what he regards to some women's pick-and-mix approach to equality. Noah's sense was that his partner wanted to be equal in all aspects of their relationship and to be able to provide for herself and be seen as an independent woman but knowing that he was there to support her if she decided that she wanted otherwise. However, as with Jacob, Noah's partner was not willing to support him financially.

The perceived consequences for some participants of this unclear and evolving version of equality were summed up by Theo:

*"I guess what I wasn't getting was the other side of it. I was kind of losing both ways because I was going all this stuff and keeping order and trying to keep order and try and make sure everybody had clothes that they could put on."*

*[Theo; Position: 68]*

Despite the issues faced by some participants in negotiating an equality that both parties felt was fair, other participants felt that being equal in all aspects of a relationship aspirational but unachievable, and they were content with that. The age of the participant and the length of their relationship seemed to be a factor here: participants in the younger half all tended to



express some resentment about this issue while the older participants seemed to be more accepting of the lack of equity or fairness. Two participants indicated that while they were willing to pay for evenings out in the opening phase of a relationship, they expected this cost to be shared, or at least for there to be an offer of sharing, after a few dates.

Most participants seemed mindful of wanting to be seen as gender-aware and supportive of equality:

*"I like to think I'm very PC"*

*[Harry; Position: 180]*

*"I'm trying to my, to marshal my thoughts. You know, you've got to be, quite rightly, what's the word? Respectful. I mean, it's a terrible word because it makes it sound so patronising. But you've got to be very respectful of women, and gender differences, and things like that..."*

*[James; Position: 118]*

However, this 'political correctness' seemed to drop for James as he continued, perhaps conscious he was talking to another man:

*"... and things like that, but at the same time you've still got to be... I know my gut feeling is you're still... Internally, most men go round saying, 'I still have to go out and I'm the one who has to make the career, I'm the one who has to mainly be the breadwinner, I'm the one who's mainly gonna worry about the money, the infrastructure of the house.'"*

*[James; Position 118]*

James was not alone in communicating that he was a supporter of gender equality while disclosing views that arguably could be viewed as contradictory. Subtle discontent with aspects of equality and how they played out in the participant's relationships were evident

in most of the interviews. My own process and journal notes contain numerous entries about whether some of the statements would have been made had the interviewer been female.

Michael stood out for his passionate belief in non-sexist language:

*"P: And then there's, and it's kind of highlighted now because of Mr Trump and...*

*R: How has he highlighted it for you?*

*P: Because of, how he has... the classic, you know, I'll just grab 'em by the pussy. And that kind of bloke, oh it's just locker room talk. Fuck you, it's not locker room, it's abusive language and attitude towards women."*

*[Michael; Position 256 - 258]*

Michael, and the rest of the participants, were clear that they viewed gender equality as a positive, despite at times finding it difficult to navigate and sometimes feeling hard done by. All participants were aware that gender roles were continuing to evolve in heterosexual relationships.

A couple of participants said that they wished the equality changes had come earlier in their lifetime, predominantly because they would have preferred to stay at home looking after the children and running the house as that would have suited, in their opinion, both their partner and themselves. John elaborates:

*"I really don't think of it like that any more. I don't see, I really don't see a man's role as being the role of being provider, controlling the finances. If it suits everybody... the sad fact is, if I had been a house husband, that would have suited me much better. Much better."*

*[John; Position: 298]*

During the interviews, the participants were asked on different occasions how therapy had helped them explore their views and those of their partner in relation to equality and gender roles. Two participants recalled this being explored by the couples therapist, with the remainder saying that it had not been covered or that they could not remember if it had been explored or not. When talking about the discord in the relationship resulting from the perceived failure to share responsibilities, Harry explained:

*"R: And how did you feel that the therapist dealt with this?"*

*P: Well [the therapist] tried to tease out what were the reasons why... And [his partner said, justifying why she could not financially contribute at all], 'well like I'm not qualified and I can only get this when I've qualified'. She started doing a [course] and didn't properly finish it. I think she wanted to be looked after. But then it was, she was saying two different things. You know, I'm frustrated that I can't work [because I am not qualified] but then she didn't wanna work."*

*[Harry; Position: 257 - 258]*

Harry, in the quote above, does acknowledge that his therapist tried to deal with gender equality but interestingly uses the word "tease" to describe how the therapist approached the issue with his partner, arguably suggesting a gentle and non-judgemental approach, which, for Harry, was appreciated even if it was not successful.

While the participants all supported the concept of gender equality, many of them felt that negotiating equality and evolving gender roles was sometimes troublesome and generally had not been a focus of couples therapy.

### 5.3.5 *The gender of the therapist*

The participants were aware of the gender of their therapist and most appeared to consider the potential advantages and disadvantages of either a male or female therapist before starting couples therapy. This consideration involved being aware of their partner's preference (either explicitly through dialogue with their partner or through their perception of how their partner engaged with men/ women), their own preference and whether their partner's reaction was more or less likely to be important for the efficacy of couples therapy in terms of the participant's goals. This is demonstrated by Harry, who felt that his partner was to blame in part for their relationship problems. His partner wanted a female therapist and, after weighing up the pros and cons of a male or female therapist, he decided:

*"Okay, so I think, unconsciously probably, I probably wanted it... at first I was like I wanted to be validated by a woman so that she couldn't say, it's just a man saying that... So, I probably felt more comfortable having the woman there, 'cos, to have something validated by a woman, I thought she might latch on to that more than if it was a man. She might come out saying, well so he was a man, therefore he would actually say that."*

*[Harry; Position: 128]*

Here Harry was communicating that he believed his partner would accept criticism or feedback from a female therapist but would discount the same feedback from a male therapist as a man would say that. He also uses the term 'latch on', potentially suggesting that his partner might accept input from a female therapist, or commit more to the therapeutic process, than if they had a male therapist. There is also a sense of Harry inferring that his partner held certain views of men that could be problematic to the process. Similar reasoning and suggestions of covert discrimination against male therapists occurred in half of the dataset, as demonstrated by the following quotations, which have been anonymised to prevent the gender of the therapist from manifesting:

*“P: Yeah, a female’s more empathic, more empathy with a female. I find that with a man it’s a bit, I don’t know, it’s a bit condescending somehow”*

*[Participant 3; Position: 56]*

*“R: he might have, if you like, accommodated her point of view more, over compensating...”*

*[Participant 10; Position: 201]*

*“R: In the past, I may have thought more about he might have, if you like, accommodated going to a female therapist... because of the dynamics”*

*[Participant 12; Position: 128]*

Other participants reported that they wanted a female therapist because their perception was that women were more empathetic; the waiting list would be shorter for a woman as most therapists are female; they simply felt more comfortable with the idea of a female therapist; that male therapists would be condescending. Only James expressed a preference for a male therapist:

*“I was glad we went to see a bloke, initially, because I thought it’s gonna be more equal. I’d be really worried if I went to see a female therapist. I’d always be suspicious that they would side with the female partner. I think, you know, having said that, my partner could have thought that about having a male, so you know I respect her for that...”*

*[James; Position: 148]*

While James was happy he and his partner went to see a male therapist, the same sense of being aware of the potential for the therapist siding with or favouring one of the couple on gender grounds was present. Where James’ experience differed from the rest of the data set was that his partner agreed to see a male therapist, which was not the case elsewhere:

*"R: The other thing you said that you were offered a male therapist...*

*P: Yes.*

*R: ... and you said that your partner was not happy with that, and you said that you thought it was fairer to go to a female therapist?*

*P: Well it's kind of, you know, I just thought, give her the benefit of the doubt, so that, you know, down the road, if we got a male, and I don't know, for example, if it starts being very... If he starts pointing to issues maybe that she has, then in her mind I know she'll rationalise it as 'Oh but he would say that, he's a male.' Whereas if it is a woman, she can't say that, so that's that tick box, and I don't care, male or female, to me."*

*[Thomas; Position: 43 - 46]*

Again, Thomas's awareness of the potential for the gender of the therapist to affect his partner's reaction to couples therapy is present in this excerpt. In addition, the comment "so that's that tick box" reflects most participants feeling that therapy was some sort of struggle whose outcome could be shaped by the careful evaluation of the impact of the gender of the therapist. The "I don't care, male or female" seems initially at odds with this gender evaluation of therapist but, in this instance with Thomas, and across the participant interviews, "I don't care" seems to be meaning 'I don't care as much as I believe my partner does'; the participants do care up to a point but decide it is best/ advantageous to agree with what their partner seems to want. Conversely, it could be argued that the men are saying that they are less gender-discriminatory, from their perspectives, than their partners. Indeed, the majority of this dataset seemed to actively chose the gender of therapist that their partner preferred in an apparent attempt to make therapy successful. For the participants, the professionalism and qualifications of the therapist seemed more important than their gender:

*"P: It's more the skill.*

*R: Okay.*

*P: (long pause) Yes, it's more the skill. Cos, I'd rather have, you know if there was a choice, I'd rather have somebody that's skilled rather than somebody that's a male un-skilled or female un-skilled"*

*[Michael; Position: 165 - 167]*

*"R: What was that like for you, having a [gender] therapist?*

*P: It didn't worry me.*

*R: Okay.*

*P: I wasn't particularly fussed what the gender was more as to their personality. And also, I did wanna know what type of therapy they were gonna be doing.*

*R: Okay.*

*P: Where they've been trained."*

*[Harry; Position: 99 - 104]*

When reflecting on the impact of the gender of the therapist on therapy, two participants indicated that they believe that having both a male and female therapist present together or having some sessions with a female and others with a male might be fairer, as communicated by Oliver:

*"And clearly being a [gender of therapist], I don't know whether this is common between men and women, for a start, I don't know whether it is or not, but I don't know whether therefore, then, it would be just to have the different perspective*

*maybe. Well, not just, but reasonable to have a different perspective from a [alternate gender to his therapist] potentially at some stage. I don't know. I guess in reality that would be that you maybe get more... Or even just the perception. Even if that is not the case, the perception would be from both parties that you're getting maybe a fairer reflection or a fairer judgment of your circumstances."*

*[Oliver; Position: 100]*

The next section discusses therapist neutrality in detail. However, with regards to the gender of the therapist, participants and their partners seem to have preferences, prejudices and awareness of both their own and partner's positions and factor this into how they perceive this shapes therapy, before, during and after the process.

### **5.3.6 Gender bias of some therapists**

Over half of the participants were aware that they had felt judged, treated differently to their partner or had negative gender tropes assumed about them for being male by a couples therapist(s). Reported examples include:

- Thomas being compared to a couples therapist's teenage son and abusive ex-partner
- A therapist comparing Noah to a previous client who had a history of domestic violence
- A therapist refusing to work with Oliver and Jane together after presenting at the initial session with self-identified communication issues until the therapist was confident that Oliver would not become abusive and "high-energy", to the amazement of both partners
- Assumptions that the participant had been the resistant party in attending couples therapy (James, Noah, Oliver, Charlie)



- Seeming to focus on the participant's partner's feelings and experiences while seemingly ignoring or skimming over the participant's experience (Oliver, Noah, Harry, Theo, John)
- Apparent interrogation of the participant while employing what was experienced as a more empathic style with the participant's partner (Oliver, Jack, Harry)
- Feeling that therapy was focused around the participant being at fault irrespective of presenting issues (Thomas, Noah, Theo, John, Jack, Harry, Charlie, Oliver)
- A suggestion that the male participant needed to learn how to communicate differently (Oliver, Noah, Jacob, Harry, Lucas)
- A suggestion that a participant was wholly to blame for his partner's affair as he had not cherished her enough (Noah)
- Offering the participant's partner more individual sessions and/or longer sessions as well as working individually first with the participant's partners: participant always described as going second in this dataset (Theo, Jacob, Oliver, Lucas).
- One participant, James, reported that he believed that a therapist had been gender-biased against his partner as well as himself.

No instances of the experience of gender bias were reported as anything other than negative. In five scenarios, the awareness of perceived gender bias from a therapist resulted in a swift end to therapy and a resulting search for a new therapist. In all of these instances, both the participant and his partner perceived a gender bias against the participant, which they discussed following the sessions. The apparent bias was something that seemed to bring the couples closer together initially, ostracising the therapist. However, three of the participant's partners reportedly went on to use the therapist bias against the participants in subsequent arguments, causing a significant schism in their relationship.

Reactions to perceived therapist gender bias ranged from irritating to unfortunate and disappointing for most occurrences, while suggestions about abusive behaviour caused significant consternation. One-third of participants reported that they had changed therapist due to significant negative gender bias towards them.

Oliver describes his partner's reaction to his behaviour being treated as domestic violence:

*R: And what was your partner's reaction to it?*

*P: I think she was really shocked, as well. I remember her walking out and she was like, she was as shocked as I was about it. And she found it really difficult, I think.*

*R: Do you remember what you talked about?*

*P: I think we just talked about that, in itself. We just sort of said, wow, we didn't realise it was, I guess, as bad as this"*

*[Oliver; Position: 97 - 100]*

Both Oliver and his partner were shocked and concerned at the therapist's labelling of his behaviour as abusive. When pressed about what caused this labelling, Oliver stated that both he and his partner had been quizzed about if he hit his partner and both stated he had "never laid a finger" on her. They had revealed that both parties did shout at each other, with Oliver saying that he had admitted to shouting more than his partner on average. His partner's behaviour was not questioned despite being described as passive-aggressive and, at other times, verbally aggressive by Oliver. He also stated that his partner had not been asked about being physical towards him, prompting the following interview question:

*"R: Had she ever been physical towards you, or was she always just passive-aggressive?"*

P: *Yes, she has, she's chucked stuff at me and thrown water at me, but she wouldn't do it... In a bad argument, I... You know, there'd be... I don't know, it's so long ago now, it doesn't happen anymore."*

*[Oliver; Position: 78 - 79]*

Noah had a similar experience to Oliver. However, rather his behaviour being directly labelled as domestic violence, Noah stated the therapist...

"P: *...mentioned another couple, obviously not names and things, but [the therapist] mentioned another couple and it was a couple, he was an abusive partner, but like physically abusive, like, you know, he didn't sort of just shout, and [the therapist] talked about his excuses. And you know, they didn't say to me, there's no excuse for your reaction, but with the story, that's sort of what I took from it. Well I feel like that's exactly what [the therapist] was saying, and they kind of shut me down before I got any further, and I kind of felt afterwards I was like embarrassed that I'd started to justify that behaviour.*

R: *What do you make of the comparison that was used?*

P: *Well, I mean, two things. You know, it's like, on the one hand that maybe that's the reality of sort of the effect of that behaviour on Steph that I hadn't seen, or that I wasn't considering. On the other hand, it's like, well it's unfair, because it wasn't the same behaviour."*

*[Noah; Position: 172 - 174]*

Noah felt labelled and then shut down by the therapist. This was Oliver's experience also. However, Oliver actively decided not to fight back as he viewed any attempt to counter the therapist's assertions as potentially making the situation worse:

*"I'm not going to argue either, but what's that going to serve? That's just fanning the flames if I suddenly stand up and go, well, that's ridiculous, I'm not going to do that."*

*[Oliver; Position: 44]*

Noah did attempt to challenge the therapist but his 'excuses' were given short shrift, leading to him feeling embarrassed and worried that the therapist might have assumed he was trying to justify hitting a woman rather than shouting at his partner. The gravity of the therapist's analogy and the resulting impact on Noah is evident when he says:

*"And that the other behaviour is like really despicable, and you couldn't come back from that, I don't think. I don't feel like you could in a relationship. So then to grapple with the idea that I'd done that, or something of a same nature, it's like you've broken the relationship, and it would be beyond repair."*

*[Noah; Position: 176]*

Noah was still affected by how he was viewed by the couples therapist eighteen months after it had happened: he became visibly distressed and agitated when describing his experience. During the interview, he went on to explain how it had caused problems in his relationship, as his partner subsequently used the therapist's assumptions against him. Harry and Jacob also had aspects of their behaviour labelled as abusive by therapists.

While some participants chose to end therapy with a therapist they believed to be biased, other participants seemed to accept the bias – this is discussed in section 'Acceptatio Fati'. For Oliver, who chose with his partner to see a new therapist, the effect of gender bias from the previous therapist continued to factor in his awareness with the new therapist. When asked how he experienced the second therapist, he replied:

*"Okay. I found it difficult... That's probably the reality. But do I think there was any undue prejudice going on? Possibly, possibly because of the association that*

*had been made with my behaviour and the possibility of that being construed as domestic violence."*

*[Oliver; Position: 105]*

For Theo, who had spent time convincing his partner to try couples therapy as she held a preconception that a couples therapist would be biased against one or other of them, the actual sensed bias from their initial therapist, and their decision to change therapist, was reported as affecting both him and his partner. In the following excerpt, Theo is discussing the assumption by their first therapist that he had not wanted to attend therapy:

*"P: I think traditionally it is seen that men tend to have that view but it is not always men who do have that view. In our case, I think my partner was more of that persuasion than I was.*

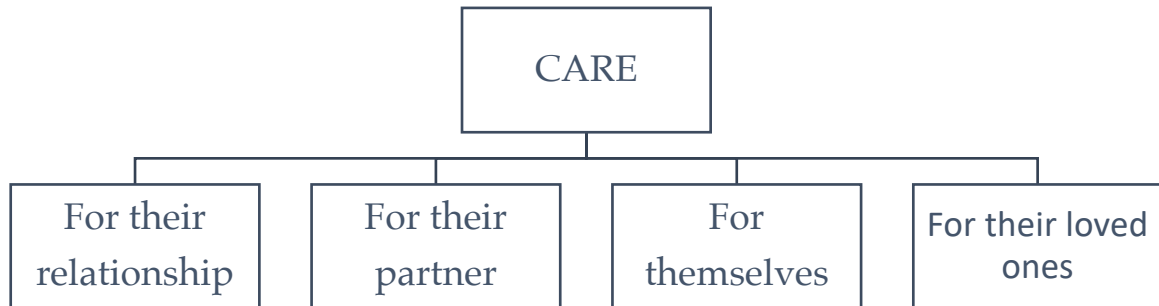
*R: And what is it like to be assumed it would be you that would have that view?*

*P: It's frustrating because you kind of feel like you have to spend an awful lot of time establishing something against which... or goes against the preconception, which seems like a bit of a waste of time... It was hard to stake a claim that 'oh you know, I'm hurting as much as anybody in this thing'. I felt that there was an empathy, it was a [gender] counsellor, but I felt that it was an immediate empathy with my partner that I didn't feel quite a part of ... it kind of played to my partner's view that this stuff was a bit of a waste of time."*

*[Theo; Position: 264 - 266]*

In all descriptions, gender bias was perceived by the participants who experience it as at best negative and undermining of therapy, and at worst, destructive and counterproductive.

## 5.4 Care



This theme encapsulates the participants descriptions of care for others and themselves.

### 5.4.1 *Care for their relationship*

All participants cared deeply about their relationship with their partner and many of them had a desire or need to ‘do’ something when they became aware that their relationship had problems:

*“Well, I think in a way, I always take relief in... I’m okay as long as we’re doing something about it. If there’s an issue, something’s being done, then that’s the best... That’s all you can do, isn’t it, as far as I’m concerned. I think, in a way, there’s some relief... the doing something about something, that is, in my mind, that’s all you can do when you’re in a situation that’s challenging for whatever reason. The worst thing is to not do anything about it and maybe you can do something about it.”*

*[Oliver; Position: 24]*

Charlie shared Oliver’s need to do something when he found out there was a serious threat to his relationship. For Charlie, it was also important to do the ‘right’ thing:

P: *...I knew that we were doing the right thing for the right reasons and although I wasn't complacent at the time, I certainly wasn't complacent about the outcome because I realised that it could still go either way, but at least we were doing everything we could to try and get the right outcome.*

R: *Was it important to be doing something about it?*

P: *Yeah, absolutely.*

R: *Can you say a bit more about that?*

P: *Well just having too much to lose really... and I just thought we've got too much to lose and we need to do the right thing for all of us really as a family and try and get it back on track."*

*[Charlie; Position: 55]*

Indeed, seven of the participants reported initiating therapy themselves, with a further two saying said it was unclear whether they or their partner has suggested therapy. Of the remaining three participants, one went hesitantly to therapy at his partner's prompting and the remaining two following referral from the family doctor. Any reticence appeared to stem from being unsure of what therapy was or from feeling a failure for seemingly needing outside support with the relationship, as illustrated by Jack and James:

*"Anyway, the upshot of it is, I decided, eventually, to go to counselling, not because I wanted to, but because I felt I had to, simply because there was nowhere else to go. I could see the whole thing, just sort of life, our relationship is nose-diving, and I thought, well I'd better make an effort. And that's how I ended up in counselling. I hadn't got a clue what it was, really, you know, counselling, advice, I don't know, I had no idea what it meant."*

*[Jack; Position: 18]*

*"I felt like a failure, I felt like I'd heard of other people doing it, some for positive reasons, some to try and save their relationship, and this felt very much like the latter, so about saving our relationship, a last-ditch attempt to kind of save our relationship."*

*[James; Position: 30]*

James is clear that he felt like a failure for needing help from a therapist; his parents had had a long and seemingly happy relationship, he had a successful career, he loved his partner, but he knew his relationship was in trouble and he cared about it enough to suggest couples therapy. The magnitude of participants suggesting and sometimes manoeuvring their partners to attend couples therapy demonstrates significant care for their relationship.

Michael viewed regular attendance at couples therapy as a positive, and he and his partner often sought the time and space to discuss their relationship that, in Michael's opinion, therapy offered:

*"P: And I'm interested not to go to therapy necessarily cos there's a problem but as a sort of like a supervision.*

*R: Okay.*

*P: So, it was a kind of reality check on, you know, what the filters are I'm looking through. And are they distorted in some kind of way or just to kind of get a wider picture as well as, there were some specific questions as well."*

*[Michael; Position: 24]*

This almost supervisory role for therapy was reiterated by two other participants. Oliver felt he would like him and his partner to have the ongoing option of attending a couple of times per year:



*"It seems stupid that you have to wait for a problem to occur, it's kind of like, it makes sense to me... It's almost like MOT, just doing MOT once a year, or maybe just do it once a month where you just kind of have a general conversation and not wait for things to come up."*

*[Oliver; Position: 203]*

This MOT idea was also suggested by Thomas:

*"R: Okay. Is there anything else you'd like to say about couples therapy and your experience of it?"*

*P: Yeah, I think one thing that would be useful about it, and probably it's too overstretched to do that, I think would be a sort of follow-up appointment, a bit of almost like an MOT thing, you know, or that option anyway. Just so that you can sort of have a bit of a top up after... Every, I don't know, whatever, six months, a year, because I think that would be really useful, because otherwise you can't see, and to use a medical analogy, you can say, 'Oh God, suddenly there's a growth forming, you know, I think we should deal with that'."*

*[Thomas; Position: 227]*

This desire for preventative support demonstrates not only a fear for the participant that he and his partner might not be able manage their relationship between them, but also suggests that the participant wants to look after, or care, for their relationship actively, regularly and responsibly.

Another factor that interrelates with and arguably complicates care of their relationships seems to be loyalty or, more accurately, a fear of being unfaithful. There is a sense from the dataset that some participants care deeply for their relationship and would like to seek the support of others to explore their concerns but worry about talking openly about private

details of the relationship for fear of being viewed as disloyal to their partner. It is almost as if it is akin to having an intimate physical relationship with someone other than their partner. This is not explicitly stated and is my interpretation, but there is a definite sense of 'I would like to talk about this, but don't know if it is okay' that emanates across the interviews.

Care for their relationship was also demonstrated by the fact that seven participants said that they proposed couples therapy to their partner, with a further two saying it was unclear whether they or their partner had suggested therapy, as described in section 'Findings, Participants'.

#### **5.4.2 Care for their partner**

While participants clearly cared for partners they were still in a relationship with, and even felt care towards partners who they were no longer in relationship with, this care seemed more complex and nuanced than the care demonstrated elsewhere in this section.

Eight of the participants described how they had been advised during therapy to appreciate or "cherish" their partners more, resulting in a feeling that their partners were to be treated as objects of desire, and almost as delicate, fragile flowers that needed constant care and attention (paraphrasing Noah). There was a clear sense that many of participants were encouraged to 'woo' or 'court' their partners and had been admonished by their therapist for their judged lack of care towards their partners. Lucas gives an example of what couples therapy taught him:

*"I mean I, for my [partner's] birthday, I bought her a [domestic appliance]. I just didn't think, you know, I remember she kicked off about it. I thought it was funny at the time, you know. I should have taken her on holiday, I bought her a [domestic appliance]."*

The message here is that domestic appliances are not acceptable as birthday gifts and, in Lucas's experience, this was interpreted as him not caring appropriately for his partner, a suggestion that, on reflection, he almost seemed to agree with. However, there is an ironic inflection to Lucas's verbal delivery in this part of his interview which somewhat undermines his apparent agreement with his partner's and couples therapist's view.

While Lucas seems to understand how his gift has been viewed, throughout the dataset there is confusion about how the participants should care for their partner. This confusion seems to stem from having to navigate romantic ideals, manners, equality and changing gender roles, as illuminated by Harry:

*"P: You know there's equality and... But you still have to like kind of open the door and let people go, you know. So, although there's meant to be this equality, I think the women I know still expect to be treated like a lady, even though they want the equality. So, they don't wanna pay, they... you want opened doors, they wanna be picked up, you know they want you to drive. But everything's got to be equal.*

*R: What do you make of that? What's that like for you?*

*P: It's confusing.*

*R: Okay.*

*P: It's just very confusing.*

*R: What's confusing about it?*

*P: Because you're expected to be... you're expected to be two different things. You're meant to take charge but then you're meant to consult.*

*R: Can you say a bit more?*

P: *Yeah, so, [pause]. Okay, well, 'let's go out for dinner, I've booked this place'. Got on one occasion, 'Well I don't wanna go there'. Another occasion, 'Oh why can't you just make a decision.'*

R: *Okay*

P: *Yeah. [laughs]."*

*[Harry; Position: 183 - 192]*

Most of the participants indicate that they are confused about how to be in a romantic relationship while respecting equality. One participant describes how his partner loved that fact that he had defended her from an unwanted suitor at a function:

*"P: I stuck up for my [partner] once, a few years ago. That was a big thing.*

R: *Okay.*

P: *It was actually during the therapy. Went to one of her [professional functions through work] and somebody insulted her, and I stuck up for her.*

R: *Insulted her?*

P: *Insulted her, yeah. This real like posh guy at work, he was a real tosser, real, oh he was awful, and he said something to her or something, and I went and hit him. I'm not like that, but it's my partner, and at the time [we were in initial therapy], and I went and hit him, you know.*

R: *And what was that like for you?*

P: *It was, I'm not proud of it, good God, I'm not, but I felt bloody good about myself.*

R: *How did she react?*

P: *She loved it.*

R: *What sense do you make of that?*

P: *I couldn't make any sense of it [laughter]. I couldn't make any sense of..."*

*[James; Position: 250 - 260]*

James goes on to reveal that he and his partner enjoyed great sex during the following weeks, despite his partner being critical of his behaviour to friends, family and their couples therapist. James was confused by his partner's public condemnation of him at a time when their intimate relationship was better than it had been for years. When asked, James could not recall bringing his confusion to couples therapy or doing anything other than accepting the criticism he felt from his partner and therapist in therapy. There is a sense that James believes that being confused is a part of being in relationship with a person of a different gender to his own; hitting the other person was not something to be proud of but it made him feel 'bloody good', condemning him publicly, being viewed as almost Neanderthal man by the therapist, yet having amazing sex, and enjoying being viewed as a 'man'.

While James and Harry demonstrate confusion about the requirements of relationships and caring for their partner, Lucas seemed to understand the rules of his own relationship 'game', even if he was baffled by them:

*"P: She told me sometimes, what she likes for me to do, she doesn't want a man's man all of the time, but she likes me to be, women like men sometimes to take the lead. She wants me to be spontaneous, that's what she wants, a man, with spontaneity, she wants me to do something unpredictable, every now and again, just turn it all upside down, that's what she wants. To her that's a man.*

R: *And for you?*

P: *I have to do that to please her.*

R: *But what is that like for you, you know, doing that?*

P: *Err [long pause], err, I find it confusing. I haven't got a clue, it's, it's..."*

*[Lucas; Position: 172 - 176]*

Lucas seems to be demonstrating his willingness to do things that he is not entirely comfortable with, indicated by "I have to do that", to please his partner. In its simplest form, there is a sense that participants portray some of the confusing aspects of caring for their partners as a necessary part of a mating ritual. They seem to describe acting at times in ways that facilitate opposite-sex attraction, even if for James in the excerpt where he describes hitting a man that had insulted his partner, an enhanced sex life was an unexpected consequence.

One participant, Michael, reported that their couples therapist had spent significant amounts of time focusing on exploring how he and his partner could navigate various aspects of attraction in differing scenarios, which Michael reported as being very useful. In general, however, other than being encouraged to cherish their partners more, no participants reported that couples therapy had looked at either how they were cared for by their partner or attempted to explore how the couple navigated their attraction.

All participants generally found navigating evolving gender roles confusing as illuminated by this simple quote from James:

*"I'd love to know what's what."*

*[James; Position: 266]*

Thomas uses the analogy of electronic advances to describe his confusion about how to get things right:

*"So it's a bit like my [old car], you know, the [multimedia screen], it's a horrible thing to use, because it's just got the first technology, and it's not worth a candle to me [laughter] but it's like that. So I want to zoom ahead and get the 2027 technology please, or just drive a Morris Minor, you know."*

*[Thomas; Position: 217]*

For Thomas, it would be easier either to care for a partner based on traditional gender-role views (the Morris Minor) or fast forward to the future (2027) to a time when (he hopes) gender roles have evolved more fully, become more stable and simpler to understand.

While the participants sometimes got care for their partner wrong, found how to care for them confusing or struggled negotiating how to care for their partner against a backdrop of evolving gender roles, what is clear is that they cared for them.

#### **5.4.3 Care for themselves**

*R: ...Ok, tell me what a good man is.*

*P: Yeah. Well, I think it's somebody who's caring, who doesn't lie. I mean, I would say, what's a good person, actually.*

*R: Okay.*

*P: Because I think it's, I wouldn't... you know, a good person is somebody who cares for people, doesn't lie, doesn't cheat, doesn't abuse their position. And then you could break it down, probably, to things like, so, you don't try and control situations. You try and... and you help others, but you have regard for yourself at the same time."*

*[John; Position: 85 - 88]*

All of the participants cared about themselves from their own perspectives, even if the care demonstrated could, at times, be argued to be either self-care or destructive depending upon personal view. From a societal viewpoint, this perspective may be easier to describe using behaviours that could be termed healthy or not.

Approximately half of the participants demonstrated care for themselves by engaging in personal or group therapy, personal interests such as golf, meditation or cooking, having at least one good friend with whom they enjoyed occasional socialising, or being invested and interested in their own wellbeing. Harry fell into this group: when his relationship ended, he was supported by his friends, decided that couples therapy had been interesting but not exactly suited to him so he resolved to have personal therapy but researched the types of therapy available:

*"P: I read up on every type. I think there's some book that described every single sort of therapy.*

*R: Okay.*

*P: I didn't want it cos it's just too... and I... You know, so I didn't want someone that was a [therapeutic approach], called [therapeutic approach name] I think it is.*

*R: Yes, that's right.*

*P: Erm. Yeah, basically, 'cos I just knew it would be lots of [examples of intervention style] and it wouldn't suit my style I wanted. So, I kind of wanted someone that was kind of [his preference]*

*[Harry; Position: 110 - 114]*

Harry later goes on to describe the outcomes achieved with the help of couples and personal therapy, reflecting:



*“But I can’t go back and when I talk about it now I smile a bit cos I thought it was just so crazy the whole thing that it doesn’t fill me with hurt. You know three months after it I was devastated. But now when I look back, it was a lovely kind of year and a half we had”*

*[Harry; Position: 273]*

Jack also describes how having couples, followed by personal, therapy helped him understand himself and what had happened to him in life:

*“P: And now, [post-couples and personal therapy] I am quite a self-aware person, I do a lot of meditation, and other things. I try to do the things that I can do in the best way that I can, and I try to make up for, maybe things that, you know, maybe if, I don’t know, maybe if I’ve done something, if I’ve wronged somebody, I’ll try and put it right. I’ve found that I’m a very caring person, and I didn’t allow that to come through. And I guess that’s back down to...*

*R: Can you say more about that?*

*P: Yeah, I will, I can tell you loads about that. Because I’ve found that there’s another person inside me going forward. And I guess, it dates back to the fact that, I mentioned the word, carer, to you earlier. I was a carer, from a very early age, I just never realised it, and I would never have put that term on it.”*

*[Jack; Position: 132 - 134]*

Other participants demonstrated care for themselves without having had personal therapy. This care tended to take the form of personal interests and/or friendship groups and/or an interesting career.

Thomas wanted to care for himself but struggled with low self-esteem, a factor that seemed to affect how other participants cared for themselves. Despite being confident in his views when it came to art or aesthetics, Thomas struggled when it came to personal relationships:

*“So you have to have a lot of independent thought and belief in your way, and you know, sort of as an analogy, you go to an art gallery and you think, ‘Well I think this is all shit’, but a lot of people won’t say that, because they’ll think, ‘Damien Hirst, he’s really good, so I really like that.’ But I won’t do that. I’ll say, ‘This is shit,’ and I know it’s shit... And yeah, so I don’t know, sort of, maybe an element of self-judgement or sort of self-loathing’s a bit loaded, but, you know, sort of well I think she’s, almost like I think she ultimately is a better person than me. And maybe I have my dark side, so I’ll give her the benefit of the doubt, and I’ll just, you know, a bit like the dog that sits in the corner.”*

*[Thomas; Position: 179]*

Thomas described how he coped with his low self-esteem by self-medicating with alcohol on a regular basis, a behaviour that he described as problematic. Another participant described how caffeine seemed to affect his moods and that he had found some links between how he felt about himself and the amount of coffee he did or did not drink. Almost half of the participants described anaesthetising themselves at some point from life and their relationship by either isolating themselves from friends and families, drinking alcohol in amounts that they viewed as problematic at times, making excuses to work long hours or work away from home or, in one instance, taking class A drugs with sexworkers. Arguably these behaviours can be viewed as either self-care or destructive depending upon perspective and personal view.

Reasons for these behaviours were largely reported as not having been explored in personal therapy. One participant described what happened when his partner revealed in therapy some of the things that he had been doing to cope:

- P: *"So [partner] was telling [the therapist] about... and I'm not sure if she knew everything that I'd done then, but she knew about my drug use. So she was disclosing that, and talking about that. Obviously, she was very upset. The [therapist] we saw just looked as if [they] was a rabbit in the headlights, to be honest.*
- R: *What was that like?*
- P: *She looked like a rabbit in the headlights, she just did not, could not... the sense we both got, she couldn't believe it.*
- R: *What effect did that have on you both?*
- P: *Well I was quite sanguid [sic] about it, and I thought, you know, it happens. Here's somebody who's [profession], been [in a relationship for a long time] and was using [class A drugs] for the last ten years... So I wasn't, to me, it wasn't a shock, or a surprise. It was disappointing, because I would have liked a bit more, a demonstrably understanding attitude. My partner felt it more keenly than me, because she felt that the [therapist] was judging me. To me, I didn't, that sort of, I didn't mind — no, not that I didn't mind, it was not unexpected, I suppose, in a sense. My partner felt [they] were not adopting a position of, you know, someone to listen to help you both.*
- R: *Neutral?*
- P: *Yeah, not in a neutral position. So when we left, we went and had coffee, and she said, that's pointless, I'm not going back again.*
- R: *What was that like, for you to hear that?*
- P: *Erm, I suppose I was taking the lead from her, anyway, because I thought it was more her decision, whether we had counselling, whether she saw a purpose to it. So I think I just went along, I just said, well fine, yeah.*

R: *And this sort of going along...*

P: *I think we both... I think she was probably more apprehensive about the whole process than me, anyway. She was still trying to compute what had happened... I mean, we were living in the same house, still, my partner was broken, and sobbing at night."*

*[Participant 6; The use of participant number rather than even a code name and lack of position identifiers is to help ensure anonymity by preventing this quote being linked to others in this document.]*

Clearly the above excerpt highlights the participant's shame at his anaesthetising behaviours and the devastation that this had caused to his partner. Indeed, the participant is so shamed about his behaviours that he could not quite believe that his partner had not just left him, demonstrated in this excerpt by "I suppose I was taking the lead from her [his partner], anyway, because I thought it was more her decision, whether we had counselling, whether she saw a purpose to it." The participant's self-esteem is low and he had considered suicide. For the participant, the use of drugs allowed him to "act as the perfect husband at home" as he cared for his other needs away from his loved ones. When asked what this was like, he responded:

"P: *I think as to how it made me feel like a person, it made me feel alone, isolated, and wanting... the only way I could deal with it, or live with that, was by seeking a pleasure, or anaesthetising myself in some way, to give me some instant gratification.*

R: *And is that a more masculine coping mechanism [his own descriptor from earlier parts of the interview]?*

P: *Erm, I don't know, actually. There's a lot of female addicts, you know. A lot of them say the same sort of thing, not totally, but a lot of them say the*

*same sort of thing, in terms of feeling different, isolated, alone, not living up to their own expectation of themselves, perfectionism, all those sort of things. I don't see that as gender-specific."*

*[Participant 6; The use of participant number rather than even a code name and lack of position identifiers is to help ensure anonymity by preventing this quote being linked to others in this document.]*

The use of participant number rather than even a code name is deliberate to prevent this excerpt being linked to others in this document to help ensure anonymity.

Irrespective of personal perspective, both he and his partner sought the support of a couples therapist to help explore their relationship. The reaction of the couples therapist to their story was not helpful to the participant or his partner.

#### **5.4.4 Care for their loved ones**

These men care deeply for their children and wider family, including children who have come into their life from their partner's previous relationships. Two-thirds of participants had children.

Within this aspect of care, elements of regret manifest around personal circumstances and societal norms around gender that meant the participants fell into the role of provider, abdicating much of the childcare to their partner, particularly with the older participants who have children. This is illustrated by Jack:

*"She's the one [his partner] that made the decisions as far as my daughter's schooling, and stuff, was concerned. And I went along with it, because it was easier to do that. Looking back, I would have liked to have made more, had some*

*more input. But then, you know, when you abdicate something, and you hand that over to somebody else, you can't go back."*

*[Jack; Position: 145]*

Jack continues to describe how he feels about his children, adding:

*"I wish I'd loved them a bit more, now, because time passes so quickly."*

*[Jack; Position: 147]*

The fathers in the dataset all had very strong views about being a father. Indeed, they described their views clearly, passionately and without hesitation, as demonstrated by Jack and James:

*"R: Okay. And what do fathers do? You said she expected you to be a father. A father's role?"*

*P: Very, very close to the kids, you know, bringing up the kids, helping bring up the kids, in equal measure, being a good dad, being stable, solid, secure."*

*[Jack; Position: 86 - 87]*

*"To be a good dad, I think it's just you know, fully there for them, fully in the present moment, engaged, not putting pressures on. You know, I just see so much pressure in their lives from friends, school, Sats. One of my kids is doing Sats this year, it's just ridiculous, I mean, you know, invited to Sats club. I mean, basically, you know, extra hours of fucking life ruined by..."*

*[James; Position: 168]*

When talking about the love the participants felt for their children, several of them automatically seemed to reflect on and compare the quality of the relationship that they had

had with their own father. These comparisons tended to focus around being determined to have a closer and more affectionate relationship:

*“P: I think I’ve consciously tried not to be my dad with my kids, I’ve tried to be, you know, more playful for longer. Somebody who plays with them actively, much more tactile. My dad still doesn’t... you know, he only shakes my hand, pats me on the back, anything else and he gets really strange.*

*R: What’s that like for you?*

*P: Bizarre. You know he’s so strange, he kind of... When we’re about to go away in a car, he will position himself on the other side of the door, so there’s no chance that I can hug him. Because I tried it a few years ago, I tried to hug him, and he was trying to avoid all kind of physical contact. So I’m very much more tactile with my kids, really give them hugs whenever I can, play with them whenever I can. I’m much more open emotionally to them as well, you know, so if I’m having a hard time, I don’t hide that.*

*[James; Position: 100 - 102]*

*“But I had a relationship with my son, which my dad didn’t have with me. Which was partly because my partner worked weekends, and I brought the kids up at the weekends, so I had a much more hands-on role, than a lot of fathers would have, for certain things. Probably a bit over indulgent, as well. But I tried to talk to him about things, and tried to do things with him, a lot more than... that’s how I see it.”*

*[John; Position: 260]*

Being affectionate, emotionally available and spending time with their children seem to be common descriptors for how the participants had actively tried to be different to their own fathers. But when it came to their feelings towards their children, several of the men seemed

to place their partner's feelings before their own. Indeed, with Theo, he had never considered that his children leaving home might have an impact on him; he only described the impact on his partner:

*P: You know had all that whole thing to deal with in terms of what her purpose in life was and in the relationship.*

*R: Did you have to deal with that as well or was that solely for her?*

*P: Did I have to deal with it? I had to deal with a lot of practical issues, I mean that's what I do, haha, but...*

*R: Was it a very emotional thing for you about the kids leaving the house?*

*P: No, because for me it was a bit of a win-win.*

*R: Okay.*

*P: Not that I didn't have strong feelings for the kids because I did and I, so, but yeah [long silence]*

*[Theo; Position: 134 - 140]*

Something about being asked if his kids leaving home was emotional troubled Theo. His initial reaction was almost flippant, stating he had practical issues to deal with, and then, upon further questioning, his tone changes on the audio recording even though his words maintain that he was unaffected ("a win-win"). However, he then states that he does have strong feelings and spends almost a minute thinking. When Theo spoke next, he changed the subject.

John, who adopted a child from his partner's previous relationship was very conscious, however, of the hurt he felt as a result of their child asking her mother about her biological father:



*"Some years ago, a few years ago, she asked my partner about seeing where she came from, and things, and I was quite hurt by that. But it's quite natural for her to ask that, I quite understand, but I was still quite hurt."*

*[John; Position: 170]*

As well as their children, many participants appeared to demonstrate care towards their friends and work colleagues, as well as their partner's family. Several of them considered friends and work colleagues to be their family, as illuminated by Noah:

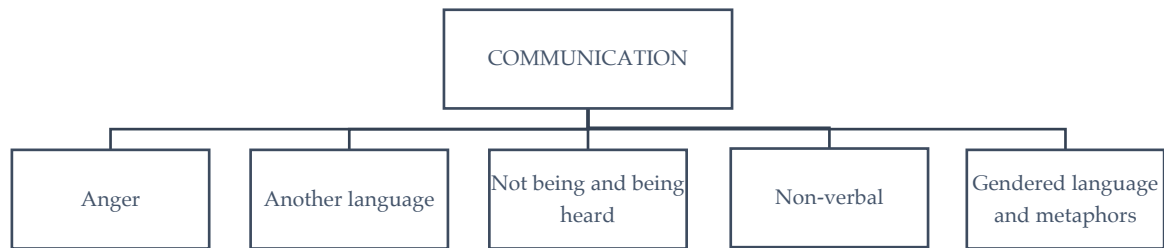
*"And I think for me family is about people that you grew up with, or even more than that, the people that you connect with and spend time with and choose to allow into your life and influence you. As opposed to just because you're related and think you have to be really close and things."*

*[Noah; Position: 132]*

No participant described any form of relationship with or care towards, or from, their siblings. Indeed, brothers and sisters were noticeable by their absence in the interviews. It seemed that due to relocation and family life, work colleagues were important to several participants. In these cases, the participants had tended to discuss couples therapy with their colleagues and managers. They described the support they received as being important.

Care towards their loved ones was clearly demonstrated by these men.

## 5.5 Communication



### 5.5.1 Introduction

This theme is about communication, inside and outside of the couples therapy room, from the perspective of the participants, as demonstrated in this excerpt from James:

*“P: I suppose one of the things that’s really interesting is that I guess, you know, generally for couples therapy, is it, can it ever be as useful for both partners, as it is for one, do you see what I mean? Does one person always come away with a bit more? I think, okay, that’s maybe inarticulate. What I mean is, I suppose, I felt sometimes that I felt, and this is a point that’s coming to me now, that I did feel, I’m trying to articulate, that the couples therapy brought me onto my partner’s agenda.*

*It felt like she had kind of a list of grievances, probably quite rightly, justifiable grievances, and I, in a way, it felt like a lot of it, particularly as it went on, it was about me coming over into that territory, and answering those grievances and dealing with them. It felt like I was losing, I felt like, that’s a very man thing isn’t it? But that’s what it felt like, it felt like I was, uuhm. Even the listening to each other, holding each other, talking to each other, looking eye to eye, felt like a concession to... It felt like a bit of a concession, you know, because my partner can really talk, and it felt like I was having to now kind of really, really engage with what she wanted.*

R: *It sounds as if you felt you had to play on a pitch, rather than...*

P: *Exactly, that's a good way of putting it, yeah. It felt like the pitch was set up largely for her, and I was moving onto that territory. And increasingly as it became, she was saying our relationship's sinking, well she didn't say that, that word was put in her mouth. Our relationship is in crisis, that I was having to move in further, it's like, Jesus, I thought we were just doing some exercises to help us, but no, I've got to go all over here and admit and say, admit in some way, even though I don't believe it that our relationship is in crisis.*

R: *And at any point did you feel that she was getting brought to your pitch?*

P: *I think the only bit... I felt it was much more me going over to her. The only bit I think that we... We did talk about money. We talked about the pressure of being the breadwinner, and that my worries about money, and not being able to make ends meet, and I think that wasn't something that was on her agenda at all, and she hadn't realised how stressed out I was about that. And therefore, why I felt so under pressure about getting back for certain times, all the time, and you know, a kind of rigidity in our timetable."*

*[James; Position: 190 - 194]*

James is communicating many things in the excerpt above including, but not limited to:

- A suspicion that couples therapy is more favourable to one partner than the other.
- An awareness that he needs time to think about and reflect on what he wants to say so that he can communicate it clearly and accurately.
- A feeling that his partner's list of grievances was significant and that the format of therapy seemed to allow her views to be aired, which made therapy seem

unbalanced in his partner's favour, leading to a sense of being overpowered and almost trapped.

- The exercise in therapy seemed to favour his partner's communication style.
- He felt trapped in the therapy room and his partner used this to communicate her perspectives.
- He blamed the therapist for facilitating a communication style and environment that favoured his partner.
- He felt that the therapist described his relationship with his partner, unfairly and inaccurately, as "sinking", a label that his partner adopted.
- The dramatisation of the state of his relationship meant he had to plunge into his partner's and the couples therapist's viewpoint further, which was frustrating and undermining of the participant's view.
- That the exercises were structured to create a crisis and that he felt overpowered and therefore admit his relationship was sinking even though he felt differently.
- He felt that the environment allowed him to communicate his feelings about being the financial provider and that his partner heard him.
- The demands on him to travel from work to therapy and get home on time, all of the time, added to his stress.
- He felt unconsidered and disadvantaged at home and in couples therapy.

The following sections explore the subthemes that make up the overall theme of communication. Participants describe similar and different experiences to James with regards to communication.

### 5.5.2 *Anger*

Anger and communicating or expressing anger is problematic.

Almost half of the participants described their experience of expressions of anger such as shouting or looking angry in relation to their childhood. In all cases the expression of anger is viewed as negative and this seems to stem from never having learnt how to communicate anger or experience it in a way that was not frightening or bad:

*"My mum is very... She'll snap, as well, and do things. Again, not, as I would call them, not physically aggressive things, so she would never hit or slap or throw anything at anyone or do anything like that, but yes, I've seen her throw cups of coffee over my dad. I've seen her just chuck, you know, a milk bottle out the window in frustration or, you know, I've come back and found stuff written on the mirror that's to my dad, you know, I guess when she was maybe... Or they were going through difficulties themselves. Interestingly, she was a counsellor for [organisation name], as well. So, yes, I guess, you know, I've seen the way my dad... Again, my dad would be very calm and then he'd suddenly just lose it and start shouting, but he'd rarely... Rarely shouts at all, but he would suddenly obviously just snap and start shouting. Again, never physically aggressive or violent in any way to anyone."*

*[Oliver; Position: 125]*

Oliver seems keen to communicate the distinction, for him, between physical abuse and verbal abuse, which may be explained by the fact that the first couples therapist whom he and his partner worked with labelled his shouting as domestic violence and refused to work with him and his partner together, as discussed in section 'Awareness, Gender bias of some therapists'. Oliver also uses the descriptor "snap" for both of his parents' behaviour, which conjures an image of tension rising until something breaks, with consequences such as throwing milk bottles out of a window or starting shouting. Here, he is describing what happened as a result of the "snap" as opposed to identifying any reasons for the snap, arguably because the reasons for snapping are overwhelmed by the ruptures and emotion of the snap.

Harry also describes anger that he had experienced as a child:

P: *My mother, unfortunately, was a depressive... So, there'd be lots of rows. Lots of, she'd get... I kind of only remember stuff from about the age of, I don't know, 10 maybe. But she would go into long depressions where she'd retreat to her room and not talk to anyone for a few days. So, there was never any... I'd never... and so, I grew up not being able to express anger 'cos, we could never be... we'd always have to, like, appease her at the end and apologise even though it wasn't our fault.*

R: *And did that manifest in your relationships with women?*

P: *Well, not setting... not setting boundaries, not standing up for myself, not saying no. Maybe being taken advantage of. Not expressing anger. Not expressing anger. Not allowing myself to get really angry. Just that emotion of anger which I was frightened of.*

R: *And where did the frightened come from?*

P: *I think it was seeing my mother get really angry and loud and then [pause]... And not knowing how to respond to that.*

R: *Yeah. Okay. You...*

P: *And also, I'd never seen my dad do it you know. So, it was never a model that you could be angry and it was okay. You know, that anger was healthy emotion.*

R: *So, to be clear, your dad was never angry?*

P: *No. Never, that I saw, not once.*

R: *And there is something around that that made you feel that you couldn't express anger as well?*

P: *Yeah. But I think that I never saw it as a safe thing to be able to do. I only saw it as something that I really didn't like and that I feared.*

*[Harry; Position: 366 - 376]*

While there was no sense of Oliver being aware of what had caused either of his parents to “snap”, Harry was clear that his mother’s anger was related to her depression. In addition, Oliver describes seeing both parents expressing anger whereas Harry seems to almost lament the fact that his father never expressed anger, making him conclude that anger was not a healthy emotion. While Harry and Oliver both describe not having learnt how to express anger healthily, Harry interpreted this as all anger is bad and frightening, causing him to refrain from conflict with his partners, but Oliver replicated the behaviour he had seen at home, predominantly that of his mother. This is something that caused him issues as an adult man as he was labelled as abusive and his behaviour as domestic violence in couples therapy.

Their partner’s reaction to their ways of communicating anger was described as a significant reason for Noah and Jacob attending couples therapy:

*“Relationship problems because I had anger issues, so I'd shout and get angry with things that I shouldn't shout and get angry at.”*

*[Noah; Position: 24]*

*“My partner accused me of almost foaming at the mouth sometimes, I was looking so angry, so certainly there was a lot more discussion around that because I think it made my partner feel physically threatened a bit, like I was going to do something to her even though neither of us ever got violent with each other or touched each other in these arguments at all. I think it gave her the genuine fear that maybe I would.”*

*[Jacob; Position: 64]*

Noah is communicating that he should not get angry and that he should not shout. Like Oliver, this was the sense he got from the couples therapist. For Noah, the couples therapist communicated this by comparing him to a previous client:

*"She mentioned another couple, obviously not names and things, but she mentioned another couple and it was a couple, he was an abusive partner, but like physically abusive like, you know, he didn't sort of just shout, and she talked about his excuses."*

*[Noah; Position: 172]*

This was devastating for Noah, as he held very strong views about domestic abuse, as detailed in 'Awareness, Gender bias of some therapists', and couples therapy seemed to reinforce for him that communicating anger was bad.

Jacob, above, also describes an interrelation between verbal anger and his partners' fear that this could manifest into physical abuse. Again, this appears to have been focused on in couples therapy ("there was a lot more discussion around that").

For Thomas, it was his partner's anger that was a cause for attending couples therapy. He did not fear his partner becoming physically abusive, he was more frustrated that his partner did not seem to have the skillset to communicate other than by shouting and screaming at him. As a child he had experienced his mother becoming very angry with his father, including shouting, screaming and throwing things at him. He describes feeling traumatised by his mother's outbursts, resulting in him hiding under the bed or in the garden to feel safe. In the following excerpt, Thomas describes how his fear of anger played out in his relationship and how the couples therapist engaged with it:

*"R: How does that play out in your relationship?"*

*P: I just have a... I just shy from confrontation.*



R: *Hence walking out?*

P: *Yeah, yeah. So that's the only option open to me, is to walk out, so I walk out. Because what my partner would see as discussing something, I see as an argument, and also raised voices. And that's the frustrating thing, where you sort of someone tells you, you see something completely differently you know. It's a bit like seeing that picture, I think it's a beautiful picture: I think it's crap, you know, there's no middle ground really. And that's the problem when you're, as [therapy service] would teach you exhaustively, and I don't think we really take it on board enough, but one of the big points they would teach is to, you know, it's common sense really, but to, when you're pushing your point of view to look at it from the other person's point of view... My partner doesn't really do that, she's much more sort of accusative, and she reacts, and it could be a reaction to an extremely petty thing. It could be a glass hasn't been washed up properly. So then you have this thing which, to me is, has no bearing at all on the world, I mean okay it's nice to have a clean glass. I accept that, but to blow this up into an event, maddens me.*

R: *How does she blow it up?*

P: *Because she will, 'Oh you can't just dip the glass in the bowl, you've got to...' you know, and it becomes this school-ma'am-like accusative situation, where, and I'd say, 'Lucy I'm [age], you can't talk to me like that,' you know, 'Tell me in a different way.' And this is what has always been my thing with her is that, 'Just talk to me in a different, more respectful way and I'll respond.' But if you bark at me, I won't respond, I'll cut out. And I can see where, I can extrapolate the triggers in my mind. I can see why she's pulling the saucepan out of this very crowded saucepan cupboard, and I can see for her, that actually means in a very small flat: 'Why don't we live*

*in a bigger flat? We don't live in a bigger flat because Thomas hasn't got a bigger job,' blah de blah de blah de blah de blah, 'My father had a bigger job, he was the provider,' and so on and so forth. The fact that her father has [negative description of her father's relationship history]. And just the fact that she doesn't even, when she's dragging that saucepan out, she doesn't think, 'Okay I'm angry but I'm not going to react now.' She doesn't have that moment. She just reacts, and that drives me mental, that you can't think before you react.*

R: *And did that get explored in couples therapy?*

P: *Yes it did.*

R: *Can you say more?*

P: *That was very... It became tricky, because it's something which maybe wasn't broached before, so then it became this thing which isn't always such a good situation in couples therapy, where you are in this triangle you know. It's better if you're both going to the referee, but if you start going that way, it's sort of like 'I didn't think that worried you, what do you mean? I don't do that,' and all that sort of thing, where you're just, 'Okay so you're not gonna own up to it now?' And that's even more maddening, because it happens so regularly, it's almost nightly. So nothing really evolved."*

*[Thomas; Position: 186 - 195]*

Thomas uses the terms "maddens me" and "maddening" to describe his own emotion at being on the receiving end of his partner's anger. Something about the quality of these words, both in the audio recording and also from studying their use in the transcript, seems to suggest a level of control and reserve compared with the use of the word's anger or angry

across the wider verbatim set. Thomas acknowledges that the couples therapist engaged with what he was saying and also that the therapist (or referee) attempted to engage his partner on the subject but this was met with denial and dismissal from his partner, which “maddened” him.

There is a sense that Thomas has taught himself coping mechanisms when he experiences anger from his partner: he walks out or “sits in the corner like a dog” until he believes things are calmer. It also seems that he has chosen to express the anger that he feels, in situations described as maddening rather than anger-inducing, in a more controlled way.

From the dataset, it is evident that anger was witnessed between parents by the participants and this has had various and differing impacts on them and their relationships with their partners. It is also evident that anger features in couples therapy and is interpreted and handled in different ways by the therapist.

### 5.5.3 *Another language*

Being able to communicate in a way that was understandable shaped participants’ experiences of human relationships both in the therapy room and outside world. This need to be understood factored in how the participants communicated with others and how others communicated with them.

In general, the participants believed that there were some differences in how women and men communicate, but the extent of these perceived differences varied by participant, from being negligible through to being significant. As well as gender differences in communication, several of the participants believed that the couples therapists talked a different language to non-therapists, as described by James:

*“I think therapists communicate differently from ordinary human beings*

*[laughter]... [The therapist] was using all kinds of very clever jargon to... [they]*

*accused me of kind of 'intellectual dick swinging,' that was [the therapist's] phrase, and being in denial about having a relationship in crisis, and all this kind of stuff. I really questioned [their] use of... I kind of know what it meant, I know what it means. But [the therapist] was saying, [the therapist] was using jargon like, 'You're splitting off the negativity you feel about the relationship and putting it onto your partner.' And [the therapist] was using kind of stuff like that, I was just saying, 'What do you mean? What do you mean?' [They] got really quite riled about that, about having to explain [their] own jargon. So, it just got nastier and nastier, [the therapist] got really quite angry."*

*[James; Position: 146]*

*"P: I didn't understand what [the therapist] was saying.*

*R: Did your partner understand that?*

*P: Better than I did I think.*

*R: What was that like for you?*

*P: Well, I was confused about whether I was missing something or misinterpreting what was being said, but it seems fairly clear what was being said.*

*R: So the language seemed clear?*

*P: Hmm. But I was thinking where have I gone, where am I going wrong here because there's something I'm not getting, you know?*

*[Theo; Position: 238 - 244]*

This feeling of being isolated through lack of comprehension of what was being communicated in the therapy room was reminiscent of some participant's view that they

communicated differently to their partners, sometimes causing relationship problems. Jack describes an example of this:

*"I mean, for instance, I'll give you a for instance. I'd say, a woman can have a conversation, and that conversation can stop, and she can pick it up a bit later on, and you've moved onto something else. And you're talking about something, and she's talking about something totally different. It got switched in an instant, she's following it, her [female] friend would follow it, because I've seen them doing it. And I'm over here, somewhere, thinking, well hang on a second, I feel like I've carried on walking, and they've stopped. Well, what do you mean I think? Well, you should know! You should know about that!"*

*[Jack; Position: 213]*

Jack appears to be intimating that his partner could interweave aspects of various conversations seamlessly into one dialogue and be understood by a female friend but which he finds baffling — he cannot tease out the different sub conversational threads. Indeed, when explaining his lack of comprehension to his partner, Jack recounts the following exchange: "What do you mean? Well, you should know! You should know about that!" What is not clear is whether this was actually said or whether it is more impressionistic than that. Certainly, at interview, this was missed, perhaps revealing some form of collusion between the participant and researcher, potentially revealing a researcher bias. In that moment did the participant describe something that the researcher believed to be true, hence the researcher accepting the statement rather than exploring it further? An alternate scenario is that the researcher did not want to query something that was being communicated as, "Well, you should know," for fear of looking stupid or alienating the participant. From a wider perspective, this multi-layered, interweaving of conversations by their partners was also described by Charlie and Noah.

Across the dataset, there is a sense from the participants that men communicate more directly than women and that male communication was generally more concise as illuminated by Michael and Charlie:

*“P: There’s a kind of linguistic description that men use, different than women.*

*R: Okay, could you say a bit more about that?*

*P: Yeah. [laughs]*

*R: And give examples perhaps of how you experience it?*

*P: There’s a directness that’s more... from men, that’s more upfront. Though I kind of hesitated slightly because I did some work with a particular couple where the woman was very relaxed. But there was a point where I did a workshop with her and it was like, you don’t mess. So, she could be very clear and direct as well.”*

*[Michael; Position: 56 – 60]*

*“P: Well she talked a lot more than I do. Therefore, if she would talk about something she would spin it out probably two or three times longer than I would. I tend to be very direct and to the point.*

*R: And is that something that you’ve noticed in general life?*

*P: It’s in general life. I notice it, if they tell a story of something that happened they’ll go into every nuance and detail and colour and smell and description.”*

*[Charlie; Position: 80]*

In the excerpts, both Michael and Charlie use the word “direct” when describing their perception of how men communicate. In addition, the statements are not made in isolation about men, i.e., men tend to communicate like this or some men do this, they are made in comparison to women and they are absolutes, highlighting difference. Other differences that the participants described in their partners included the use of ‘passive aggression’ rather than direct communication of anger; never been able to agree to disagree; non-related historical gripes being used to deflect from the issue at hand; and avoidance of discussing certain aspects of their relationship such as sex, childcare or contact with wider family. Typically, for participants who described communication issues with their partner, this was not reported as having featured in couples therapy. Where the participants could remember it being addressed, the following descriptions were given:

*“R: So how did your communication styles get addressed in therapy?”*

*P: I don’t remember much discussion around my partners’s... I don’t remember much discussion about my partner’s communication style. I think we explored occasions where I had felt like she wasn’t communicating or she’d felt like she was having trouble communicating but I think we probably spent more time exploring how I was coming across. It kind of made you think, ‘Ouch, oh dear! I was wrong there! I must have badly gone wrong there if this particular argument or discussion or whatever it was is being ripped out and I’m the one being perhaps more encouraged to explain my actions at that point.’ Yeah, quite jolting, I suppose that would be a good way to describe it.”*

*[Jacob; Position: 63 - 64]*

*“P: I felt more able to communicate my feelings with Jane certainly after training... After therapy.*

*R: You just said training.*

P: *I did, yes [laughing].*

R: *Could you say a bit more?*

P: *I don't know if it was a Freudian slip or... Because I maybe do talk about training quite a lot at work but... Yes, no, I don't... Well maybe, it probably was training, to a certain extent, or retraining, or re... it's the maturity of... It's about being mature in a relationship, being able to talk about things. That's having a mature relationship, isn't it?"*

*[Oliver; Position: 147 - 151]*

Despite the participants reporting that communication was not a focus of couples therapy, several of the participants in addition to Oliver did comment in subsequent parts of the interview that they believed that they had learnt to communicate more effectively from therapy:

"P: *Like now, I feel like I'm doing quite well now, but it is like that in the session.*

R: *And how did the therapist react to that, in your perception?*

P: *I felt that [the therapist] was quite impressed really.*

R: *Okay.*

P: *I think [the therapist] felt, I mean, without blowing any trumpets, but I felt like we probably had a lot of sessions, where things were less fluid, maybe one or two before but I felt the last sessions were good as sessions."*

*[Thomas; Position: 143 - 147]*

*"I probably find it easier now, than I would have done a few years ago, because I've said it to a few people, it's sort of come out. So, I can recognise it more. I still find*



*it really uncomfortable, and embarrassing. I don't really, for a lot of time, I didn't really have the emotional knowledge to know about any of this, about how I was feeling. And I never expressed it. So, to express how I feel, leads to deep feelings, it is... I can't, it just makes me squirm, and I don't really want to. Yet, I know I have to do it, and I'm obviously here."*

*[John; Position: 154]*

In this closing statement, John is stating that attending the interview for this research reflected his new-formed determination to engage with his feelings and strive to communicate them. He added that he now forces himself to engage with his feelings, rather than anaesthetise himself. Feeling that he could not communicate his feelings to someone without being judged had been a problem for John throughout his life, leading, in his opinion, to loneliness and despair, despite appearing to be "successful and happily" partnered.

In the next section, the importance of being heard for many of the participants is discussed.

#### **5.5.4 Not being and being heard**

Several of the participants believed that while they communicated thoughts, feelings and emotions to their partner and, in some instances, the couples therapist and wider families, what they were communicating was not heard. This had detrimental effects on the wellbeing of the participant, ranging from frustration and anger to feelings of being undermined and not wanted:

*"It's just frustration. I think it's frustration, more than anything. And then we'd have arguments about it... Because I'm getting frustrated because I didn't feel like my opinions were being listened to and Jane would, conversely, would get very passive-aggressive and not necessarily say things..."*

[Oliver; Position: 34]

*"I do get quite angry and I get frustrated and when I get frustrated I don't feel like my point is being listened to, I can throw something or kick something or chuck something."*

[Oliver; Position: 62]

For Oliver, he is clear about the effect not being listened to has on him and he expresses this physically outwards towards objects. For Lucas and Theo, the impact seemed to be felt and expressed more inwardly, in a quieter and less noticeable way:

*"P: Yeah, I don't feel that I've got a voice in my own house. I feel that somehow like my own self-esteem and my own power, I can't believe I said that... has been diminished sometimes."*

*R: You said you can't believe you said it?"*

*P: I can't believe I just said that."*

[Lucas; Position: 216 - 218]

*"Well it made me grow further and further apart and ultimately to the sense that I had that I was kind of a bit of a stranger in my own home... I felt a bit like a ghost wandering around the house and so I guess increasingly, actually, it was easier being away from home and to let them get on with it than being there and it was kind of a state of perpetual emotional turmoil. Because the other thing was that the children were, because I wasn't being backed up, they would rebel against the things that was asked of them but they'd also slightly kind of take the mick a little bit — 'Oh dad's here', 'Oh dad's doing a dad.'"*

[Theo; Position: 50]

Both Lucas and Theo found sanctuary away from the home and felt increasingly isolated as discussed in 'Heterosexual men in relationship, Lonely' and 'Heterosexual men in relationship, Uncherished'

A major hope of attending couples therapy for most participants was 'the chance to be listened to/be heard'. This is referenced in many transcripts and is expressed succinctly by Thomas, who was looking forward to both being heard and also hoping that, once listened to, he would no longer be blamed for everything:

*"We both looked forward to having our moment, where we'd be heard, whereas before, I would be told basically that everything was... It was because of me."*

*[Thomas; Position: 175]*

Indeed, several of the participants refer to the couples therapist as "the ref" (as in referee) or adjudicator, seemingly in the hope that they would be given a fair hearing.

Sometimes some of the participants felt disappointed that they did not get the chance to state their own perspective or, when they did, they felt the couples therapist skimmed over their problems or minimised them, as described more fully in 'Awareness, Gender bias of some therapists'. As many of them had carefully weighed up the potential impact of the gender of the therapist on therapeutic outcome and on the likelihood of being heard – see 'Awareness, The gender of the therapist'.

Here, Noah voices his feelings about his expectations of being heard in couples therapy:

*"Yeah, so I mean, [the therapist] never asked me about sort of, sorry, about the problems, about the difficulties that I faced with Steph, so I mean I think I expected that. I expected almost like my chance to voice the things I have to, the challenges I face with Steph in particular."*

*[Noah; Position: 87]*

*Where the participants felt listened to and heard in couples therapy, the effect was significant for them. Here Oliver, who did not feel listened to at home, as described above, explains:*

*"R: So how did [couples therapy] help?*

*P: I think a couple of things. Just getting it off your chest I think helps anyway. Doesn't matter if you're doing anything about... I think by talking about it, you feel like you're doing something and therefore you're kind of getting it off your chest. That helped. To have someone listen and, to a certain extent, empathise or sympathise with your feelings is helpful when you're in a relationship where that isn't happening properly."*

*[Oliver; Position: 93]*

What stands out here is that just being heard is helpful; even if nothing comes of it, Oliver finds it good for his wellbeing. Again, Thomas describes couples therapy as being a forum in which to express himself and that is enough; whether anything changed as a result of communicating does not seem as important as the feeling of being heard:

*"So, I felt like I got much more, if you like, of my side of things out, and I think begrudgingly my partner also saw those, and thought 'Okay, there's a hell of a point there.' Whether she took them on board or not, and really synthesised them, is up for debate."*

*[Thomas; Position: 106]*

Thomas seems to be suggesting that the couples therapist created an environment in which he could speak (see 'Space and time, To think and to process'), something that he valued. Oliver goes further, describing how the couples therapy environment that he found himself eventually allowed his partner and him to communicate:

*“So, it’s kind of like you knew there was no interruption, there was going to be no interruption, I just got to say what I wanted to say and vice versa, whereas in an argument, that inevitably doesn’t happen; your communication breaks down and you end up just tit for tat about points that have been made”*

*[Oliver; Position: 95]*

Theo also describes how the presence of a couples therapist seemed to allow him and his partner to communicate in a way that had not presumably been possible outside of the therapy room:

*“R: And what was that like to be with somebody like that?”*

*P: I guess I felt really encouraged I suppose and I guess I thought... I kind of felt if I described things directly to my partner about how I feel about things then as I tried to previously, it wouldn’t really kind of, it didn’t seem to sort of get, she didn’t seem to understand, but explaining this thing through a third party, it seemed, it seemed it was possible for my partner to kind of start to see things that I’d been trying to describe.”*

*[Theo; Position: 167 - 168]*

Outside of couples therapy, several participants had experienced individual and group therapy. Being part of a therapeutic group that allowed sharing of experiences through talking was perceived as important by two participants, including John:

*“P: Yeah, it is belonging, it is belonging. It’s also being somewhere where you’re not judged, where the range of people is just massive, but you’ve all got [condition], and you’ve all got the same issues, in many respects. And I’ve never spoken about myself as much as I have in the last couple of years or been open about things.*

R: *And what's it like to do it?*

P: *Oh, it's great, I mean, it's a massive release. And I do... so I feel very comfortable in that environment, which if you'd said this to me at any time in my life, I would have said, you must be joking. To sit in a group of people and say, you know, I'm feeling quite vulnerable, because, you know... And yeah, it's difficult, and as I say, it is a release, and you do feel a lot better afterwards. But I sometimes find it quite stressful, as well.*

R: *How did you learn to do it?*

P: *Just by going. You see other people do it, eventually, you know."*

*John; Position: 186 - 190]*

At the end of each interview, as part of the checking in process, participants were asked how they had experienced the interview. The response from Lucas triggered a mix of emotions for me:

"P: *I don't know, just to let a bit of it out has made me feel better. I can't explain it, but that's just for an hour, I feel...*

R: *To be listened to?*

P: *Yeah. It just makes me feel appreciated [laughter]. Yeah, that's it for me."*

*[Lucas; Position: 281]*

Lucas's acute loneliness was palpable despite being in what he described as 'a good place' with his current partner and this sense was mixed for the researcher with the feeling of being pleased that Lucas had found the interview helpful.

Being listened to, and a feeling of being heard, is important to these men. Where they did not feel listened to at home, couples therapy and even attending research interviews were means of communicating how they felt, which they seemed to value.

#### 5.5.5 *Non-verbal communication between parties*

References to non-verbal communication were sparse within the dataset and mainly revolved around anger and aggression:

*"My partner accused me of almost foaming at the mouth sometimes, I was looking so angry."*

*[Jacob; Position: 64]*

*"Lots of gesticulations, so wringing of hands and sometimes head in my hands and quite sort of feeling quite taut and tense within myself, having quite a grim stern look on my face, obviously raised voices and shouting."*

*[Charlie; Position: 60]*

In contradiction, several of the men seemed to appreciate observations from the researcher with regards to non-verbal signals:

P: Yes, I've lost my train of thought there, a little bit. I think...

R: You seem quite angry.

P: I don't know if, err, I was angry at myself.

R: Now, here with me, you seem quite angry. You've got a rash on your neck.

P: Maybe it's embarrassing. I don't know, maybe I find it a bit embarrassing that that's how... That that was the suggestion.

R: *Okay. What's embarrassing about it?"*

*[Oliver; Position: 62 - 67]*

This observation allowed Oliver to engage and correct the researcher about what he was experiencing, something that he commented on at the end of the interview as it had made him feel the researcher was paying attention to him and offering him feedback. Something similar happened with Jack:

*"P: Just getting nothing from it. Just getting riled up, just getting to feel, again, they can't make me feel angry, I make myself feel angry, the things that I do, it's my choice, my responsibility. But there is that input, that thing that starts to poke you and prod you, and I can feel it now, and it's quite interesting, because I'm back in that room again.*

R: *You look a bit pissed off.*

P: *Sorry?*

R: *You look a bit pissed off.*

P: *I was, yeah, at the time, very. I remember...*

R: *Agitated, in some way.*

P: *Yeah, yeah, 'cause I'm feeling it, for sure. It wasn't a very nice experience at all. I remember coming out of one of the sessions, and I was fuming. I said, we're not going back, you know, even despite everything, we're not going back.*

R: *Why were you fuming?*



P: *Because it just made me feel, or I felt, that it wasn't working, it wasn't working for me. I still didn't want to be in it. I couldn't see it actually doing anything constructive, because I didn't feel it was constructive."*

*[Jack; Position: 264 - 275]*

At the end of the interview, Jack commented:

"R: *Okay, last question. What's it been like talking to me?*

P: *Easy, easy, yeah. One of the reasons that it is easy, though, is it's not all to do with you, it's to do with me, now, being able to express myself, in a more sort of personal way, and not worrying whether you like what I've got to say or not. Although I'm not going to be, you know, I'm not going to say horrible things, or things that get your back up necessarily. But yeah, because I feel better, with myself. But equally, I like the way that you've actually been asking your questions, you've been picking up bits and pieces, and you've been spotting stuff, and seeing things in me, the way I'm... like, for instance, you mentioned, 'Oh, you're looking a bit like that,' and I was thinking, 'Yeah, 'cause I was in that room.' So you were exactly right, there, yeah, I did, spot on."*

*[Jack; Position: 364 - 365]*

### **5.5.6 Gendered language and metaphors**

This section has deliberately been called "gendered language and metaphors" as opposed to simply "metaphors and language" as the dataset is scattered with language and metaphors that could arguably be described as gendered. In itself, describing them as either masculine, feminine, neutral or other conforms to current thinking about binary genders. To draw attention to this phenomenon and to allow the reader to reflect on their own assumptions

about gendered communication when reading the selected excerpts, no supporting narrative is offered from the researcher within the body of quotes:

*"She's like a delicate flower, and she needs special care"*

*[Noah; Position: 876]*

*"Because you're talking like you've been in a bit of a bullfight."*

*[Researcher to James; Position: 155]*

*"It was like on the tug-of-war thing, you know, when you've got hold of the rope eventually there's no rope left for the other person, and my partner always had all the rope."*

*[Thomas; Position: 103]*

*"It was almost like you've got a sort of a wound, you know, and it's healed over, but it's still there, the wound. But every week you scratch the wound off and it comes up again."*

*[Thomas; Position: 115]*

*"Sorry about all these car analogies, by the way, they're really annoying."*

*[Thomas; Position: 227]*

*"Sometimes I feel I'm like a vacuum cleaner, where I could just be put in the cupboard, and it's shut, and then I can be pulled out again."*

*[Lucas; Position: 160]*

*"I was like a big pussy, you know, from being a man in the pub and all this. But when I went back to them [his family at home], like a pussy, brought them a big pizza and a bottle of wine"*

*[Lucas; Position: 224]*

*“R: Did you, in couples therapy with your partner, did this sort of stuff get explored?”*

*P: [long pause] I don’t think we actually stripped that out and spoke directly about it.”*

*[Michael; Position: 105 - 106]*

*“But I’ve realised that as soon as what I was putting on the line became clear to me, once you know... having pushed and pushed and pushed and once I had fell off the windowsill I desperately wanted to stop hitting the ground.”*

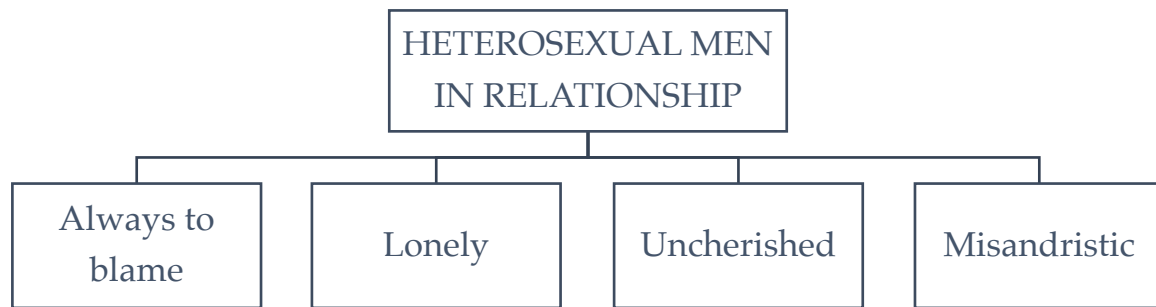
*[Theo; Position: 132]*

*“I was fighting for the relationship I guess at that time. I was fighting to try and get some recognition”*

*[Theo; Position: 158]*

Arguably some of the excerpts are included due to words such as “fight”, which may or may not be interpreted as gendered, particularly with the recent all-encompassing metaphor of “the fight against cancer”. This might be said of other expressions, such a “tug-of-war”, “pussy” or “wound”; their inclusion could be an example of my sensitivity towards language or they could be deemed as non-gendered depending upon the interpretation of both how they are used and how they are heard. Inclusion in this section clearly means that they are gendered for me.

## 5.6 Heterosexual men in relationship



This section is about being a heterosexual man in relationship with others. While some aspects of these themes are in the awareness of some participants, they manifest from an overview of the whole dataset for the researcher .

### 5.6.1 *Always to blame*

*“I certainly thought I’m not going anywhere because I haven’t done anything wrong – not at that stage anyway”*

*[Charlie; Position: 46]*

The above excerpt is from when Charlie was talking about not leaving the family home when his partner revealed that she was having an affair. Both his partner and Charlie felt that their relationship was worth trying to save so they chose to seek the support of a couples therapist. Charlie classed the therapy as good, insightful and successful as he and his partner came to the understanding, with the support of the therapist, that the affair was his fault as he had “not cherished her enough” and they were both “having a second honeymoon” now that he had addressed his behaviour. Charlie was remorseful for not realising that his partner needed cherishing and presented at interview as convinced that, following couples therapy, the affair was entirely his fault.

Charlie's experience had similarities to Lucas's. Lucas's partner was having "another" affair and he had insisted on her attending couples therapy with him or separating. Following a period in which his partner was resistant and twice refused to start couples therapy after he had arranged it, therapy commenced. All parties in the therapy room were aware of the ongoing affair. Lucas was encouraged to appreciate his partner more and believed that he had rightly been castigated by the couples therapist for buying his partner a large home appliance as a birthday gift. He came to see what he felt was the error of his ways and started attending more to his partner. His partner ended the affair:

*"R: Okay. Do you think that was triggered by therapy or...?"*

*P: Yeah. Because the affairs, it wasn't about love, it was just her going somewhere for attention."*

*[Lucas; Position: 108]*

Like Charlie, Lucas had been encouraged to appreciate his partner more so that she did not have to go elsewhere for attention. This 'appreciate your partner' manifested in two-thirds of transcripts as a therapeutic stance, sometimes for both partners to participate in, but often aimed, in the participant's view, at them. Here Jack explains why, in his opinion, his initial couples therapy failed:

*"R: It obviously didn't work out, and you said you thought..."*

*P: No, I thought it was all about me, again, and I felt it was all being directed. Because I seemed to be the one that was talking all the time, answering questions. Sue hardly got asked any, and she hardly spoke, and it's not because I wanted to, I was jabbering on. It's just that everything was being directed at me.*

*R: And what was that like for you?*

P: *I didn't like it at all. I felt like I was being blamed. We're in the blame game thing now, and again, I suppose, in some ways, I probably got even more annoyed, because I probably felt like, maybe they're right, because that's how I felt at the end of it, that it was me that was at fault. And I'm not saying that they actually made it...*

R: *Can you just clarify that for me, so I understand it. What are you saying, there? You seem to be saying, they blamed me, and at the end of it, I blamed myself.*

P: *Yes, yes, yes, yes. "*

*[Jack; Position: 180 - 185]*

While extramarital affairs were not a factor in Jack and Sue attending couples therapy, one other participant did cite this as a reason for attending couples therapy. In this instance, Theo was having an affair. Both Theo and his partner felt that the first couples therapist they saw was ineffective due to an entirely blaming position towards Theo:

*"There was some counterbalance to that in terms of you know, what I'd done yes was horrific and, you know, all that stuff, but that there were other things that perhaps meant that there was a bit more than entirely me to blame for that".*

*[Theo; Position: 158]*

They ended therapy with this therapist and sought the support of a different couples therapist. This second couples therapy experience, according to Theo, was entirely different with regards to blame:

*"... [the new therapist] didn't, there didn't seem to be any... For a start [they] did a lot less talking and you know, just encouraged us to talk and there didn't seem*

*to... there seemed to be no attribution of blame, no attribution, no labelling of, you know, you're the guy, you do that stuff. None of that kind of thing."*

*[Theo; Position: 166]*

Clearly, changing couples therapist for Theo and his partner was beneficial. He goes on to describe how he fears that had they not changed therapist, the blaming stance of the initial therapist towards him as a man might have resulted in him and his partner separating.

Other examples of being 'always to blame' include:

*"I was getting all of the blame but no proper support. I wanted someone... I wanted [the therapist] to say, listen we will get through this and we'll find a way. But it was all, why didn't you do anything about this? It was all blame"*

*[Harry; Position: 224]*

*"P: It's very interesting, sort of the dynamics of it as well, sort of, if you like, for want of a better word, if you like, the blame side of things, you know. Whose fault is it? And I was trying to be 'it's both our fault' but I was getting it all loaded onto me.*

*R: And what was that like for you?*

*P: Frustrating really, because it's kind of like, we've both got to address our faults and admit to our faults..."*

*[Thomas; Position: 24 - 26]*

None of the participants interviewed indicated that solely their partner had appeared to be blamed by the various couples therapists discussed. The participants believed that relational problems were often down to both, but in therapy and in their relationships, they felt that they often got blamed for 'being a man' or 'being the man'. Sight of the dataset, however, largely supports an interpretive strengthening of their individual experiences to a

generalised 'always to blame'. In the case of Theo, above, feeling to blame for being a man resulted in switching to a new therapist, who, in Theo's opinion, was less gender-biased.

### 5.6.2 *Lonely*

Many of these men seemed lonely, both in their relationship with their partner as well as in general life. These participants had often relocated to live closer to their partner's family (particularly if they had children), relocated for their partner's job, lost contact with their own friends and family as a result of career choices or were simply so busy balancing family and work responsibilities that they had little time to invest in friendships.

Listening to the audio recordings, there is a real sense of sadness when some of the men talk about their friendship groups which is not fully conveyed when their words are transcribed:

*R: Who are the key people in your life; key men, key women?*

*P: Now?*

*R: Yeah.*

*P: I don't have any.*

*R: Have you never had any?*

*P: Erm, well, [my career choice made that difficult]... you made very good friendships [while you were there], because it's very intense, but every [several] years, you'd move. And so, although I know lots of people, and I've been to lots of places, I can't come back to that, because everybody... even if I went back to a workplace, or a town, or something, there wouldn't be anybody there that I knew, 'cause they've all gone. And so, there's the*



*realisation, a dawning, at some point, that it's the people that make the thing, not the building."*

*[Jack; Position: 100 - 105]*

*"R: Who did you tell, what...?"*

*P: Yeah, all my friends, all two of them".*

*[Thomas; Position: 91 - 92]*

Both Jack and Thomas seemed lonely due to relocation and career choices and this was evident for other participants, particularly when they revealed they had chosen to tell work colleagues about going to couples therapy. There was a sense that several of these men classed work colleagues, and even their boss in one instance, as among their closest relationships outside of their primary relationship. In these cases, they had all discussed couples therapy with their work colleagues or felt that they had to tell them to explain why they had to leave work early or arrive late regularly to attend sessions:

*"P: I think I told somebody at work as well, who knew - doesn't know anything about my past, but knows enough, and knew that our relationship was not fantastic as a result. So, I'm pretty sure I told him that I was going again, and I didn't have any reticence about that, because it was all about trying to find a solution to where we were.*

*R: And can you remember what his reaction was like?*

*P: He was like, it's a good idea. I mean, everybody thought it was a good idea, that I've spoken to."*

*[John; Position: 40 - 42]*

Without exception, all of the participants who shared the fact that they were going to couples therapy received the support and interest of the people they told, something that did not come as a surprise to the relevant participants.

Staying with loneliness, while Jack and Thomas do not specifically name being lonely, John does:

*"Oh, yeah, I felt really neglected, and lonely, most of my life. But I would never articulate that."*

*[John; Position: 150]*

John portrays a lifelong loneliness: his experience of himself was of never fitting in, never feeling part of a team, always feeling an outsider. He reports that these feelings of isolation were compounded in his relationship with his partner, as he believed he had to put on a perfect-husband routine for fear of rejection, was not able to air his gripes or concerns, and was always supporting her and her array of sporting and academic interests for fear of being viewed as a bad partner. John describes having to 'anesthetise' himself to cope with the isolation and loneliness, finding solace in a secret life that deeply shamed him but allowed him, in his view, to remain a vision of the perfect, attentive husband at home.

Theo was also lonely in his relationship with his partner. He felt unsupported with the children, citing his partner's relationship with their children as being more like that of a grandparent:

*"In that she... you know the thing the grandparents do which is they spoil them and they indulge them and they have all the good times, the fun times and stuff and then they don't have to worry about telling them off and being the bad person, you know, and actually I was doing that. But now I see that she was doing more like a grandparent role."*

*[Theo; Position: 142]*

Like John, Theo also felt neglected at home. He commented that he believed that his partner saw him as useful to have around the house as he was practical and looked after the home, as well as for disciplining the children, as he explained:

*"P: I knew she would probably agree with them if it meant that there would be a distance draw between her and the children.*

*R: And what impact did that have on your relationship with her?*

*P: Well it made me grow further and further apart and ultimately to the sense that I had that I was kind of a bit of a stranger in my own home. The thing that it reminded me of, and I don't know if you've seen the film The Sixth Sense? I felt a bit like the Bruce Willis character in that I was there but nobody really... but I wasn't really there. I felt a bit like a ghost wandering around the house and so I guess increasingly, actually, it was easier being away from home and to let them get on with it than being there and it was kind of a state of perpetual emotional turmoil. Because the other thing was that the children were... Because I wasn't being backed up, they would rebel against the things that was asked of them but they'd also slightly kind of take the mick, a little bit, "Oh dad's here", "Oh dad's doing a dad," and I didn't think what I was asking for or what I was, err, was hugely unreasonable, err, or maybe it was, but I didn't see it as being unreasonable."*

*[Theo; Position: 48 - 50]*

Thus, loneliness manifested in several different forms. Often it was alluded to or described rather than named. In the audio recordings, the sadness that emanates in the tone and intonation of the participants' voices is noticeable. The section above from Theo, as well as

suggesting loneliness, also suggests ‘not wanted, not valued’, as discussed in the next section, Uncherished.

### 5.6.3 *Uncherished*

Many of these men seemed to feel ‘in the way’ and often ‘not wanted’, particularly when describing home life.

Theo, in the closing excerpt of the previous section above, when he uses the analogy of the film *The Sixth Sense*, communicates experiencing a feeling of “perpetual emotional turmoil” due to not feeling wanted, valued or cherished when he was at home, resulting in an active choice to stay away more, with work as an excuse. For Theo, his values and care towards his family were derided and ridiculed. A similar experience was described by John:

*“I felt a little bit kind of like a house guest in there... at that time the children were largely still living at home, they are now not, but at that time they were and I felt a bit incidental and in fact, kind of... you know I’d come home from work or come home from a business trip and I’d feel like I was kind of, “Oh god he’s home again.”*

*[John; Position: 80]*

Other examples of being uncherished at home were present for many participants and seemed to be particularly disabling when the couple lived with children. That does not mean that participants without children did not feel uncherished, or that the feelings were less than for those with children, more that it was harder to counter when the participant felt ‘ganged up on’ by his partner and children.

Lucas describes the pick-and-mix approach he experienced with regards to his partner and the children. Lucas felt that he was useful when it came to discipline and enforcing

compliance with his partner's standards but was ignored and put away / shut out if his partner had a different view of the matter at hand:

*"Sometimes I feel I'm like a vacuum cleaner, where I could just be put in the cupboard, and it's shut, and then I can be pulled out again."*

*[Lucas; Position: 160]*

While Theo resented how he was viewed by the family, John described how much of what he felt at home was his own fault for being party to a more traditional family arrangement (he went out to work, his partner worked at home bringing up the children, meaning that he had 'abdicated' some of his relationship with his children to his partner as a result). In general, however, the participants with children tended to communicate that more could have been done by their partner to ensure shared values were adopted at home. Had these shared values been adopted, as opposed to more of their partner's, they would have felt more welcomed, valued and cherished at home.

Participants without children also described feelings of being uncherished albeit in a differing sense. For four such participants, money as opposed to children seemed to be the preferred arena in which this was played out:

*"'Why don't we live in a bigger flat? We don't live in a bigger flat because Thomas hasn't got a bigger job', blah de blah de blah de blah 'My father had a bigger job, he was the provider' and so on and so forth"*

*[Thomas; Position: 194]*

This excerpt comes at a point in the interview when Thomas is describing what he believed his partner was thinking when she angrily struggled to get a saucepan out of a cupboard when cooking or when they argued over his preference for his partner to put her clothes away in cupboards (he said that she thought there were not enough cupboards for her to be able to do this so left them "lying around the place"). Both Thomas and his partner worked

full-time but his perception was that his income, despite being on a par with his partner's, was not in line with her expectations and that he was regularly chastised for it. Jacob described something similar, in terms of not earning enough:

*"R: Can you say a bit more about that, what was your fault?"*

*P: Having quite entrenched positions on the subject I suppose. I felt like I couldn't change my view much because I didn't have that much money to change it with. Even if my partner wanted to go out to dinner more often, I couldn't contribute to it more often because I wasn't earning enough or I wasn't even employed at certain points."*

*[Jacob; Position: 98]*

Harry worked closer to home than his partner. As he got in from work earlier, he tended to do all of the cooking, cleaning and laundry as well as shopping and gardening. His contribution to their life, despite being financially less in terms of net income, was balanced in his view by what he termed 'support services to her career'. When specifically asked if his contribution was a factor in their relationship problems, he replied:

*"I don't feel like it was valued enough, I felt it was quite taken for granted I suppose. Eer, I felt a little emasculated I guess... and I felt powerless and I felt like I didn't matter, like there was no significance, of me, in this relationship, that I didn't bring anything to it. All I brought was negative stuff which wasn't appreciated, you know, and all that kind of stuff that was making me feel really crap. Of course, she was feeling pretty crap but she was throwing herself into other things, you know, she was getting fit, working, developing her career and she was doing all that kind of stuff."*

*[Jacob; Position: 132]*

Clearly Jacob felt disgruntled at how he felt he was being treated by his partner as indicated by the use of terms such as “feel really crap”, “emasculated” and “I felt like I didn’t matter”.

Feeling not wanted, taken for granted or as if they were treated like a domestic appliance such as a vacuum describe clearly feeling what has been interpreted into this theme of ‘Uncherished’.

#### **5.6.4 Misandristic**

*“Misogyny: Dislike of, contempt for, or ingrained prejudice against women.”*

*(Dictionary, 2018e)*

Misandristic is my proposed adjectival form of misandry, analogous to misogynistic as the adjectival form of misogyny. While ‘misogynistic’ is included in the Oxford English Dictionary (2018d) and Merriam-Webster (2018), ‘misandristic’, or any formal adjectival form of misandry, is not offered. This can be explained by both dictionaries adding words based on how language is used (Dictionary, 2018b), potentially meaning the concept of ingrained prejudice against, or contempt for men, is either not recognised as having currency or instances of when such language or behaviours occur are not recognised as demonstrating misandry. It is also important to note that the Oxford Dictionary (2018e) does not use the term ‘hatred’ to define misogyny, using instead the lesser criteria above.

Some participants, in some parts of the interviews, made statements that could be described as demonstrating misandry. Indeed, there was sometimes a level of contempt towards men and, in particular, male therapists, from some participants. Here Lucas is talking about being offered female and male therapists at the therapy centre:

*“Yeah, a female’s more empathic, more empathy with a female. I find that with a man it’s a bit, I don’t know, it’s a bit condescending somehow”.*

*[Lucas; Position: 56]*

For the participants who stated that they did not want a male therapist, the reasons quoted related to women being better at communication, not wanting to be judged by another man, believing that a male therapist might side with their partner as well as, in Lucas's case, a belief that female therapists were more empathic and less condescending than a male might be.

In one interview, the researcher challenged a participant who made several negative comments over the course of the interview about male therapists and men in general. While this was arguably not appropriate and demonstrates researcher bias, it is included for transparency:

*"R: Finally, what's it been like being with me today? I'm a male therapist.*

*P: [long pause] Pleasantly surprising.*

*R: Okay, could you say a bit more?*

*P: [laughs].*

*R: While the recorder's on.*

*P: Yeah. Oh, sure. [pause]. In the past, I may have thought more about going to a female therapist. I don't know, because of the dynamics, I actually... Again, it's down to personalities. I've found you ... you're questioning good. Observant. Giving me space.*

*R: Is that surprising that a man does that?*

*P: Yeah."*

*[Harry; Position: 464]*

Another phenomenon involved a couple of participants describing how men have to be persuaded to go to therapy despite these participant, as men, having suggested and



organised their couples therapy. When questioned around this, Thomas referred to his friends:

*R: ... You said that the man gets dragged screaming. Where's that from?*

*P: That's just from my experience with guys that I've known, who it's never their fault, so they will never address their issues. And in fact, if I think about it, virtually all of the guys that I know, I don't know that many, but all of them are really of that school of thought, which I find extraordinary.*

*R: And they're the ones that have been to couples therapy?*

*P: No, no, they're the ones that haven't been, and actually probably wouldn't go to any therapy."*

*[Thomas; Position: 40]*

When this was explored further, Thomas confirmed he was hypothesizing and that he had no knowledge of his friends' opinions about couples therapy as the subject had never been discussed.

Occasionally a participant made comments about whether a man in their life had, or had not, measured up to their views of what a man should be. Michael, when describing his partner's father, whom he disliked, said:

*"And he was quite upset about it. So, we went [for a walk] and he's uncomfortable. It was great 'cos we did this thing and it just kind of, he'd been wanting to have a man-to-man chat but hadn't been man enough to tell me."*

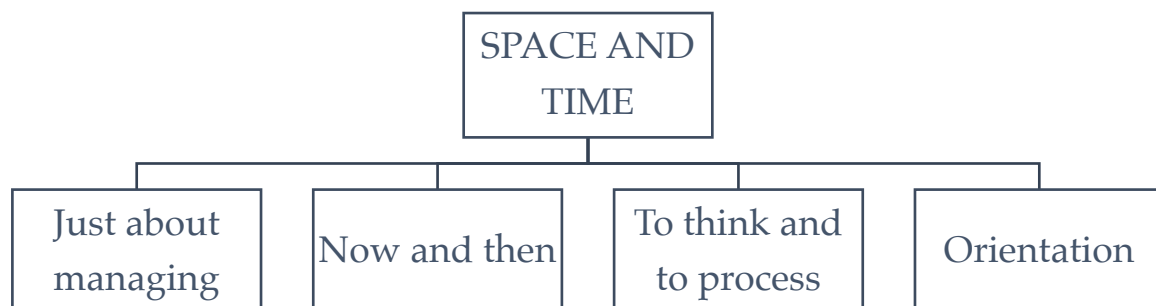
*[Michael; Position: 201]*

Here Michael is communicating that real men, in his opinion, say what they think directly. This is a clear example of one of Michael's views about masculinity and his judgement of his partner's father.

As well as making comments that arguably "demonstrate a dislike of, contempt for, or ingrained prejudice against [men]" (Dictionary, 2018e), some participants used tropes such as "men have to be dragged to therapy", as in the instance of Thomas above, against other men.

## 5.7 Space and time

Awareness of space and time was present across the verbatims. This theme discusses how this manifested in terms of the participants' experience of attending couples therapy, as well as in relation to the evolving nature of gender roles.



### 5.7.1 *Just about managing*

This theme emerged from noticing that the participants seemed to be "just about managing." Those who are "just about managing" or "JAMs" is a term that was popularised following its use by Theresa May in her first speech as UK Prime Minister on 13 July 2016. As well as being an accurate descriptor for the participants' experiences, it also anchors this thesis in a

specific socio-cultural-political time. May described JAMs as: “You have a job but you don’t always have job security. You have your own home, but you worry about paying a mortgage. You can just about manage but you worry about the cost of living and getting your kids into a good school” (May, 2016). In terms of the participants, however, just about managing refers to the challenge of balancing work, social, family and personal roles, which seem to have become ever more complex as a result of both an evolving world and also evolving gender roles within the UK.

In the following excerpt James describes his experience of attending couples therapy:

*“P: The difficulties for me immediately arose with the time of day. I had, you know, under pressure with my work, and I felt very... It was very difficult for me to kind of make the meetings in the middle of the day, back in where we live in [over an hour’s commute from work], and so it was just unbelievably difficult. It was like having to, you know, [it didn’t fit my work demands], and it made it very, very difficult, and finding dates that would work for all of us was really tricky, so that was hard...”*

*R: What’s that like? What’s it like for you?*

*P: Daunting, daunting, challenging. You know, I feel snowed under, I feel like, I mean, that’s partly the situation I’ve put myself in, with my trying to run [career choice], and make things creatively, and have a family life, and hold everything together. Most of my life feels like it’s held together by pieces of string. For me, you know, I write a diary and I always think if I ever publish that, I’d never publish it, but if I did publish it, I would be calling it ‘Keeping the show on the road’. I mean that’s every day I feel will I be able to keep this going?”*

*[Theo; Position: 36 - 38]*

James is clear that he is just about managing. The timing of couples therapy during his normal business hours at a location near his home rather than workplace added to the pressure of his already hectic week. Indeed, when attended the research interview, James arrived just in time and was weighed down with parcels, which, he explained, had been delivered to his office rather than home to negate the need for his partner to wait in to sign for them. While his parcels were held together with brown tape, James's life was "held together by pieces of string". In fact, the use of the string metaphor in the context of James's cumbersome, parcels wrapped in brown tape, smothered in barcode labels brought to my mind the rather more delightful parcels referenced by Julie Andrews *'The Sound of Music'*:

*"... And whiskers on kittens  
Bright copper kettles and warm woollen mittens  
Brown paper packages tied up with strings  
These are a few of my favourite things..."*  
  
*(Rodgers & Hammerstein, 1959)*

There is a clear sense of a change from the joy of parcels communicated in the 1965 musical to current associations with the prevalence of parcels and the difficulty of managing their receipt due to the phenomenon of internet shopping — a stark reminder that something that is apparently positive, such as online ordering or couples therapy, can actually turn out to be difficult to manage in reality.

While I was conscious of maintaining time boundaries for all interviews, and several participants commented that they had appointments immediately following the scheduled interview time of an hour, James was particularly insistent that he had commitments to attend to and, if possible, "could we finish maybe five-ten minutes early?". For James time was a recurrent theme and in the following passage he touches on his fears about time when talking about being a dad:

P: *...to be a good dad, I think it's just you know, fully there for them, fully in the present moment, engaged, not putting pressures on. You know, I just see so much pressure in their lives from friends, school, SATs. One of my kids is doing SATs this year, it's just ridiculous, I mean, you know, invited to SATs club. I mean, basically, you know, extra hours of fucking life ruined by...*

R: SATs...

P: *Anyway, yeah, so you know, and I just think, 'God, you know, they've got so much pressure.'*

*[James; Position: 168 - 170]*

Being “fully in the present moment”, “pressures”, “pressure” and “extra hours of fucking life ruined” are all used in relation to time by James. They are vivid indicators that time and space were significant factors for James. Like James, John also described both time pressures on him and his partner and his fears for the younger generation. John defined time with his partner as limited, describing them as ships that pass in the night due to work commitments and his regular attendance at a support group for a condition he had:

*“I was working, I had... I was working full time, then, I was working quite long hours. And I was going to [support group] in the evenings. We only saw each other for about an hour a day.”*

*[John; Position: 30]*

When discussing what he termed as ‘modern’ and ‘traditional’ gender roles, John also commented on pressures on the current younger generation, akin to James’s descriptors of SATs and SATs club:

P: *...but I think that, you know, younger generations, there is so much that you've got to do everything.*

R: *What do you think of that?*

P: *I think it's terrible.*

I: *Because?*

R: *It's not a balance, and they'll burn out.*

I: *So you think that more traditional roles...*

R: *No, I don't think they're better, but I think there's got to be a more realism about what people can do , and achieve. Now, whether that's around balancing out the demands of work, to the demands of family, or whatever, stuff that you're doing outside of work. That may be what it is. I just, I see younger people at work, and I just think, their lives are mad. My life is mad, but their lives are crazy."*

*[John; Position: 282 - 288]*

Theo was concerned about the pressures on family life when both parents work full-time and, for him, how this affected the parenting of his children. The decision by him and his partner to return to work soon after the birth of their children appeared to be something that he felt had impacted more on his partner than himself:

*"I think she... you know, that causes her an awful lot of difficulty in terms of guilt and, you know, what she could be doing and I think a lot of the role which she has played subsequently in their lives and the way she has been with them has been as a consequence of that."*

*[Theo; Position: 148]*

Theo communicated that he believed that his partner had acted more as a friend or grandparent with their children than a parent, to compensate for the amount of time she spent away from the home. As a result, he felt he was the one who had to maintain discipline and standards.

As described in 'Awareness, Of being a heterosexual man', 'Awareness, Equality' and 'Awareness, Gender bias of some therapists', the participants on the whole did not report gender roles and the relative speed of roles evolving over their lifetime being explored in couples therapy and, where it was discussed, they felt it was "skimmed over". An exception for this was Lucas, who described how couples therapy had helped his partner and him navigate life together, significantly reducing stress within the relationship from Lucas's perspective:

*"Therapy led a path, it took us back to where, what made us be together. It took us back, we got through all this navigating through all these emotions, kids, responsibilities and jobs and families and people saying this and rumours and affairs. I mean the old mental mess of it all. Therapy guided us, in a path, to a simpler time, to a simpler place, where you could, not start again, but you could look at each other. And that's where it took us. We could bear to look at each other, and that's what therapy did, and from there, we worked us way. You know, nothing's a mess any more, it's all different now."*

*[Lucas; Position: 188]*

Lucas used the descriptor "the old mental mess of it all... to a simpler life," which has a temporal reference of change in direction towards a better place as a result of the work in therapy.

There is a sense in all of the verbatims of a movement in time between what was and what is, referenced often with terms such as "traditional" and "modern", "old" and "new". There is also a sense of lack of time and a lack of space in time to successfully balance the demands of

modern life, and a fear that time pressures will increase, rather than lessen, for future generations.

### 5.7.2 *Now and then*

As well as just about managing now, and fears for future generations, as described in the previous section, the way participants described time that has passed was noticed by the researcher. There was no sense of a gradual changing of societal norms and expectations, rather a very fixed sense of 'that is how it was then, this is how it is now'. This was most apparent when the participants were describing their influencers on how they had become a man, as discussed in 'Awareness, Key influencers: parental figures'. When immersed in the audio recordings of the interviews, this sense of difference between now and then feels more absolute and definite for many of the participants. Indeed, there is almost an element of resentment/shock in the timbre of the participants' delivery that conjured visions for me of people who had suddenly been dropped, perhaps from a spaceship, into a world with completely different rules to the one they had come from:

*"R: Yeah, but that's the world I grew up in.*

*I: Okay.*

*R: I come from [place], in the '80's and the '70's, when I was growing up, that's what it was like. You had to, as a little kid, my school I went to, was awful. Honestly, I wouldn't wanna live through all that again. School were worst time of my life.*

*I: So how did you learn to behave differently?*

*R: I moved to [place].*

*I: Okay.*



R: *I became open to other things. Like when I first met the first gay people, became friends with gay people, I was at university, I got opened up to transsexuals, I went to clubs, bars, you didn't see that where I came from; it were all like punch up on a Friday night, down the local pub, see who you can pull, go home black eye, blood on your shirt and a bag of chips. That's where I came from, back at that time, that's what it were like. You know, football matches on a Saturday, go down there, get your head kicked in."*

*[Lucas; Position: 177 - 183]*

*"So it's a bit like my [old car], you know, the [multimedia screen], it's a horrible thing to use, because it's just got the first technology, and it's not worth a candle to me [laughter] but it's like that. So I want to zoom ahead and get the 2027 technology please, or just drive a Morris Minor, you know."*

*[Thomas; Position: 217]*

While they had survived navigating relationships and life in this new world, it was not, and still is not, easy. Some participants made almost slightly condescending comments on how life used to be in the old world, particularly with regards to their mothers, in terms of "Dad worked, mom stayed at home", (see 'Awareness, Key influencers: parental figures' and 'Communication: Gendered language and metaphors'). And while they had become accustomed to their new worlds, there is a sense for participants life was somehow clearer/simpler/more known when they were a child, living at home and watching their parents' relationship play out.

### **5.7.3 To think and to process**

"P: *I think males have a different way of describing things. And that we are more direct and to the point. And maybe to, as you did today to give that space*

*and ... 'Cos, we wanna get it out. And to actually be able to just have some time to think about something, to say, you don't have to answer this right now, but just spend a few moments thinking about this. We have the time for it. Whereas when I was in therapy it was immediately and therefore pressured."*

*[Harry; Position: 438]*

During the interview process it was clear that many participants needed time and space to answer some questions, to allow them to engage with their feelings and reflect and process thoughts before verbalising them. Harry, above, is both acknowledging the space and time he was given during the research interview and also expressing his view of what this meant for him – it was something that he seemed to appreciate. This was common feedback from the participants to me although, of course, it is easier to allow space for one person to answer questions in one-to-one interviews than if there are multiple people engaged in dialogue, as in couples therapy.

The theme of participants' being allowed time and space to engage with questions became more evident when immersed in the audio recordings than it had in the live interviews. The same person could answer some questions easily and in a confident tone, only for there to be a change timbre and in the time taken when answering a follow-on question. James became aware of this himself during interview, commenting:

*"No, it's weird when you ask me those questions about what is it to be a man, you ask some really penetrating questions, quite big questions, which I find I really struggle to answer."*

*[James; Position: 168]*

Speech patterns changed during the interviews. When the participants appeared comfortable with what they wanted to express there seemed to be a normal speech pattern. However, when they were asked questions that they seemed unsure of how to answer, their

speech pattern altered, becoming much less succinct, with a lot more space between the words. Over the course of an interview, it became clear from the recordings that participants became more comfortable taking time to answer questions as they became aware that there was the opportunity for them to engage, reflect and process. An example of this was Theo, who initially used a technique of repeating the researcher's questions, sometimes multiple times, in an apparent bid to buy himself some thinking space while filling a silence:

*I: And what was it like for you coming back and putting things in place? How do you feel about that?*

*R: It wasn't... I didn't like it. How did I feel? Eerm I guess [long pause] the thing is I can sit and relax as well as anybody can but I can't sit and relax if there are things I know that need to be done first that I am not otherwise thinking about, whether that be, you know... I know there is a mountain pile that high, an ironing pile that high, I'm going to do the ironing and then relax. I can't really relax whilst that's there. So literally, I would walk in the door and I would be putting things where they should be rather than just being able to let go and just flop in front of the telly watching whatever they were watching and gorging myself on crisps on whatever.*

*I: And what do you think it was like for them when you came back?*

*R: Well as I say, [long pause]. Eerm, what was it like for them? Eerm. Okay, [long pause] the sense I got was always that, now you know, he's going to be on our case and he's going to be telling us to do this and tell us to do that and no longer are they relaxed and that's what I think that probably the sense that they got."*

*[Theo; Position: 43 - 46]*

After about twenty-five minutes, when he seemed comfortable or confident enough to allow silence before answering, Theo abandoned this strategy of repeating my questions.

#### 5.7.4 Orientation

*"You know, I'm much more of a mix of both genders I think, which makes a relationship more, unless you have quite an evolved way of looking at things, makes a relationship quite difficult, because you're not quite sure of where you should be on stage, you know, whereas before you have markers, you know: stand there. You're all over the place now and anything could happen. It's more uncertain. And, you know, to some extent you're watching yourself from the wings and wondering what the hell's going on anyway, so it's complicated."*

*[Thomas; Position: 213]*

The concept of orientation and how the heterosexual male participants experienced the unfamiliar spaces associated with couples therapy featured in all interviews. The significant descriptors related to how comfortable the participants felt navigating this new experience and unfamiliar environment.

Several of the participants commented on the physical spaces where therapy took place. These ranged from comments on location to the entrances and exits of rooms, from the size of the therapy room to whether the space felt fit for purpose (i.e. a room converted from a garage, a general practitioner's office or a multi-purpose space). As well as location and type of space, several participants commented on furniture, chair size and objects such as computers or marketing materials.

For some, therapy spaces were as expected; for others, they were less welcoming and appropriate than desired. In the next excerpt Harry expresses relief that the therapy room he found himself in matched his expectations, resulting in him feeling "all right":

*R: And what was that like?*

*P: That was all right. It was a private room. You could obviously, it was a therapy room. It wasn't like a lounge or a kitchen.*

*R: Tell me how you could tell it was a therapy room? What does a therapy room look like?*

*P: [laughs] Well it was all really, it was either a couch or two very comfy chairs and another chair with a bookshelf with therapy books on.*

*R: Okay.*

*P: And a box of tissues!*

*R: And a box of tissues!*

*P: Yeah, and a jug of water and two glasses. [laughs]*

*R: And what was it like being in the room?*

*P: It was okay. It wasn't threatening. It was comfortable. It was a neutral space.*

*R: How did you know it was neutral?*

*P: Well when I say neutral, it wasn't at our house. It wasn't there. It was somewhere, it was a space that neither of us had been to before. It didn't belong to anyone we knew. It was in a faceless [home] office."*

*[Harry; Position: 69 - 80]*

This issue of neutrality was important for the participants. Like Harry, several other participants commented on the fact that they liked the therapy rooms where their therapy had taken place, with a widespread appreciation of the rooms that felt organised,

comfortable and neutral. The participants who visited therapists working from home generally felt welcomed and comfortable in the therapy space, as illuminated by Charlie:

*“... It was in [their] house, although [they] had a garage which [they had] converted into like a consultancy room, and [the therapist] was a very warm person and quite welcoming and non-judgemental and felt like we were with the right person pretty quickly, within five, ten minutes really probably.”*

*[Charlie; Position: 48]*

All participants described clear first impressions of the therapy setting and the therapy space. One participant specifically did not want to visit a therapist who operated from a home environment:

*“There seemed to be a lot of people who were operating as kind of private individuals, offering services. And we felt quite wary of that. We thought, oh okay, what’s this person’s qualifications? Sure, they say on their website that they’re accredited by A, B and C. But only just seems to be at their house and all of this. So, we found an organisation called [name]. And it’s like okay, this seems to be good that it’s non-profit, they’ve got several branches. You know, when they’ve got a kind of brand you start to feel more comfortable with it. So, we thought, oh okay, we’ll try them.”*

*[Oliver; Position: 28]*

While Oliver actively sought therapy in a non-home environment, participants who attended therapy in therapy centres generally commented more negatively on the environments: navigating receptionists and having to talk with the receptionist in an open waiting area, the presence of computers in doctors’ surgeries and the competence of the therapist using unfamiliar computers in shared spaces. Feeling comfortable as a heterosexual man in therapy space was deemed important by the participants, particularly when attending

opening sessions. In the next excerpt, John describes arriving at the therapy centre for the first time:

*“P: It felt quite strange and this might be a very specific thing to say. But there were say, just say, the amount of materials to the room that didn’t seem relevant to us. So, for example, there was like a big kind of panel full of old pamphlets. And looking through them I remember thinking, none of those apply to me. You know there was things like, I think it was like a broken rainbow, domestic violence in queer couples. Something about drug addiction and its problems in relationships. Something about saying you know when mummy and daddy break up kind of thing and there were lots of children’s toys on the floor. And I remember walking in and thinking, so much of this doesn’t apply to me.*

*R: And what was that like?*

*P: Um, it was quite distancing I think. I think I walked in thinking like is this the place for me? It seems like it’s something that’s got a lot more, and niche isn’t the word. But that they... there’s lots of material... There weren’t materials out there for, hey, you’re a [age] professional man kind of thing. It was all very much, you know, you’re LGBT or you’ve got a... frankly, you know you’ve got a drug addiction or...”*

*[John; Position: 66 - 68]*

Arriving for therapy for the first time was daunting for John — he was already nervous and unsure about what therapy would be like. Here he is describing how not being represented in the literature on display in the waiting area made him feel further distanced and, arguably, not welcomed in the therapy space. He felt that the literature was not aimed at professional heterosexual men, which made him wonder what he was doing there and it

made him question the experience and competence of the organisation to deal with his issues. Jack also had very strong reactions to being in therapy spaces for the first time:

*P: Oh dear. So we're going to this place, and again, I'm not in a very good place in my head, at all... And god, talk about twee. I mean, they've got these great big seats that you're sitting in, you know, like made for somebody that's about 30, 40 stone, you know, you sit on it, and you can't, it's like, where do I sit on this chair. I'm not gonna sit back like that, because my feet will be dangling. So you had to sit forward like that, hunched, and... anyway. So, very cosy, very colourful, very nice, I guess, if you like that kind of thing.*

*R: Did you like that sort of thing?*

*P: No, I didn't like that.*

*R: And what was wrong with it?*

*P: Everything. It was cuddly, it was cosy, it was horrible. I mean, I like this, this is nice. This is nice, this is kind of like, it's not too wishy-washy, it's functional, it looks clean, you know.*

*R: So how does this compare to the [provider's] room?*

*P: There's no comparison. What it feels like, here, is that no one's really had any input into the room, in a personal way, it's kind of, quite functional, and I quite like that, it's kind of professional. The seats are comfortable enough, aren't they? They're not bad actually. Yeah, there's plenty of space.*

*R: And the other spaces?*

*P: Well, the first one, you're sitting there like, you know, you're nearly touching noses. And the second one, you're like this [description of being*



*lost in a huge space and chair]. And then there's a little [therapist] sitting in front of me, in this great big huge chair, it looked like something out of Goldilocks and the Three Bears, or something, you know, it looked like a Walt Disney set... [the therapist] looked like [they had] been dragged through a hedge backwards. And again, you know, and [they] smelled, [they had] been smoking... And I find it quite repulsive. And this [person] didn't look presentable, I didn't want to be there, I could smell this smoke, and that's probably one of the first things I was thinking: when I leave this room I'm gonna smell of tobacco, because it clings, it's the most horrible stuff. And so, we were off to a really good start!"*

*[Jack; Position: 151 - 159]*

Jack and John both describe feeling as if they had almost landed in another, unfamiliar, world: John did not see himself represented in the literature on display, Jack felt he had arrived on the set of a fairy-tale that was tainted with the odour of cigarettes. Jack experienced two therapy rooms. In the first he felt squashed and oppressed as the room was too small and in the second he felt lost in the sheer size of the space and the chair and he did not feel held.

In this excerpt, Jack also describes his view of the therapist in terms of smell and presentation. It is clear from the verbatim and recording that John was unhappy with his overall impression of the room and the therapist and this seems to relate to professionalism. This professionalism was directly referred to when Jack describes how he viewed the setting where the research interview took place as "it's kind of professional". When Oliver was describing his preference for therapy in a non-home setting, this also could be interpreted as being related to professionalism in terms of professional qualifications and training.

Michael touches on this professionalism from the perspective of wanting a skilled therapist rather than a male or female therapist:

*"R: Just the overall, whether the gender of the therapist is important to you when it comes to couple's therapy?"*

*P: It's more the skill.*

*R: Okay.*

*P: [long pause] Yes, it's more the skill. 'Cos, I'd rather have, you know if there was a choice, I'd rather have somebody that's skilled rather than somebody that's a male unskilled or female unskilled."*

*[Michael; Position: 164]*

The gender of the therapist is discussed in 'Awareness, The gender of the therapist'.

There is no sense of whether the participants felt 'safe' in the therapy rooms. Contracting was only mentioned by one participant in terms of the fact that it did not happen in couples therapy but it had occurred in subsequent personal therapy, which he did not express an opinion on apart from the inferred negative of mentioning it at all.

In summary, the participants were aware of how they felt in therapy spaces. For some, the décor, layout, furniture size and even the smell of the room affected how 'at home' they felt in the space.

## **5.8    Acceptatio Fati**

This theme is included at the end of the findings as it is solely based on my sense of something that was subtly present throughout. Throughout the process I made extensive journal notes, which were shared in their entirety with the primary research supervisor.

These journal notes included feelings, musings, internal dialogues and arguments as well as simple statements about what was going on for me when engaging with all aspects of the

process from initial presentations at university through to the moment of writing this theme. Analysis of these journal entries revealed a theme that subtly resonated throughout: it was not clearly definable, was not overt from verbatim, recordings or journal notes, but was present. It became clear that while a deep respect existed for the participants in terms of their openness, stories and willingness to share very private and intimate details of their relationships and experience, there was also an element of surprise / disbelief at some participant disclosures. Something in the acceptance of their experience in therapy, in relationship as a heterosexual man and their experience of being male generally seemed to be prompting reactions in the me that were not immediately explainable or understood. Indeed, it became clear that the journal entries contained long descriptive passages, many following personal therapy or research supervision, where the first glimmers of understanding of this final theme began to emerge, where a couple of words, phrases or concepts did not do justice to the unfolding phenomena. It would be accurate to describe the process of staying with the exploration of these feelings and emotions as challenging, particularly as they were not easily describable with the words and meanings known to me!

An example of one of these long journal explorations follows. It was written once all theming had been completed but while the organisation of themes was still underway:

*“Being a straight man seems to be a default, predefined and inherited suit that is worn and seen to be worn without it being seen. It holds the heterosexual man like skin but also holds the identity, meaning, emotions, feelings and thinking for the man entombed in its shrine. Whereas most human skin needs some maintenance and care and regenerates regularly, the heterosexual male gender suit-skin seems stuck in time, like flared or drain-pipe trousers, reminiscent of a specific era and fashion, defined in time? Don’t snakes refresh their skin at least annually? I am pretty sure they slip out of it or something to allow growth as it’s fixed in size and also to get rid of yukkier things – parasites(!) - yet it seems the heterosexual man might be contained in the same shrine for decades, starting with values and layers*

*from when his parents were first aware of their own parents' relationship, genders and roles. And this way of being a straight man is accepted. Accepted by the men and the society. It is seldom challenged by the men themselves, it does not seem to be even remotely on their radar so it makes sense they can't explore it. It's rarely explored and that's OK? Because it is largely irrelevant for many or because of heteronormativity is so known it is not considered? Something else?!? It's so hard to question and talk about like when I tried to ask why couples holiday together last night in the pub. Why is that the norm? Why isn't the norm to holiday half of the time without your partner? It seems it's the way it is and questioning it is too challenging to engage with so people become defensive/pissed off with me for bringing it up? Is it that fixed/prescribed? How can the majority engage with criticisms of privilege? Gender equality? It seems there isn't a way of doing it without compounding the situation – or fanning the flames – and we mustn't do that or we will be labelled as controversial!!! ☺."*

During these periods of reflection and exploration, the concept of Nietzsche's 'amor fati' (Nietzsche, 1974a, p. 223) came to mind. For Nietzsche, amor fati can be summarised as the love of one's fate, even with the possible scenario of constantly and repeatedly having to live with the same conditions we experience now (Nietzsche, 1882). Nietzsche uses the phrase often through his writings, and particularly in *The Gay Science* (Nietzsche, 1974b), which was written during a period of great personal suffering for the philosopher, to describe his ideal that one should love the reality of one's existence per se:

*"Amor fati: let that be my love henceforth! I do not want to wage war against what is ugly. I do not want to accuse; I do not even want to accuse those who accuse. Looking away shall be my only negation. And all in all and on the whole: someday I wish to be only a Yes-sayer"*

(Nietzsche, 1974a, p. 223)

Six years later, in *Ecce Homo* (1888), Nietzsche added:

*"My formula for greatness in a human being is amor fati: that one wants nothing to be different, not forward, not backward, not in all eternity. Not merely bear what is necessary, still less conceal it – all idealism is mendacious in the face of what is necessary – but love it"*

*(Nietzsche, 1969, p. 258)*

While aspects of amor fati seemed appropriate to the research the sentiments towards having a resolute, enthusiastic acceptance of what has happened, good and bad, and embracing situations with an almost whole-hearted affection, did not sit accurately with my sense of the emerging theme. In amor fati there is a refusal to regret, challenge, shape, mould, lobby, influence, acknowledge, hurt, campaign or similar, which was at odds with my analysis.

Several days after rereading Nietzsche around amor fati, the following entry was made in the research journal:

*"There's not a lot that I can say or do about this, it's not my say if this is the way it is, there's not a lot I can do apart from describe it, let it breathe. It's probably easier to pretend you haven't noticed this and settle for what Nietzsche says. But if you close your eyes, ignore this, you will always know you betrayed these guys for a peaceful life."*

Clearly there is a flippancy in the above entry, perhaps influenced by the writing style of Nietzsche himself, who offers bold pronouncements and cryptic aphorisms that often seem to contradict each other and have a certain playfulness and humour in places. Indeed, Nietzsche makes one work hard to understand what he is saying and leaves one to draw one's own conclusions by offering an array of competing ideas. This playful narrative style, while suitable for Nietzsche, is not, however, suitable for doctoral research findings, thus a concrete, less unambiguous term to describe the emergent theme was sought by the

researcher. No pre-existing term or expression was found, thus, over a period of weeks, amor fati was refashioned, bent, wrought, reworked and bastardised into 'acceptatio fati' by the researcher.

In homage to Nietzsche, I am add no further explanation of acceptatio at this point, to allow the reader to formulate their own thoughts about what acceptatio fati may or may not mean. Some of the participant quotations, researcher interpretations of transcripts and journal notes that triggered the concept are detailed next before concluding the section with my initial definition:

*"[the therapist] was almost suggesting that it was almost bordering on domestic violence and that therefore we should be separating in the initial sessions because [they] didn't think it would be appropriate to raise things in the session that would potentially lead to me getting into those states. Honestly, I was looking at [them] thinking, well, I know that's not... I can tell you, that's not going to happen because I get like that when I get really frustrated and I don't feel like I can voice my opinions. But it's not like I'm going to stand up here and start punching walls. But at the same time, I'm not going to argue with you, either. There's no point in me arguing, so I just said, yes, that's fine, let's do that, then."*

*[Oliver; Position: 38]*

*"So like I have the relationship and I have, you know, I'm with Steph and she needs care and attention. And then she's got this family as well are another element of, sort of like we go and see her gran quite regularly. And I don't begrudge it, her gran's lovely, but maybe it's just not having the choice really, or feeling like I've got the choice in the matter. You know, of where we spend our time, who we spend our time with. Because it's hard to argue with spending time with family."*

*[Noah; Position: 132]*

*"P: Well, of course, there are alternatives but they weren't truly open in our relationship. They weren't really open to us. I mean there was no suggestion or possibility that I would say, right, okay, well I'll go part-time or anything like that.*

*R: But I'm hearing that it wasn't an option but also the consideration that it might have been tough for you [returning to work immediately after the birth of your children] wasn't even on your radar?*

*P: No, that's true. In all honesty, I don't recognise it as being as difficult for me as it was for my partner."*

*[Theo; Position: 132 - 134]*

*"You feel like the perception might be, rightly or wrongly, that you're on the losing end there of that battle then and you have to kind of prove yourself to a certain extent. Well, no, this isn't... I don't beat up my partner actually, never laid a finger on her... You know, hopefully, you can see that, but you kind of feel like you do have to go above and beyond maybe to make that point."*

*[Oliver; Position: 99]*

*"My asking him how he felt about the children leaving home temporarily confuses him — he splutters on the recording, his tone changes and he repeats back my question. It seems to feel utterly confusing for him that he was asked how he would feel — his partner feels, he does things, him feel?! Is he even allowed or given space to feel? He is clearly jarred. Here the language construction is interesting. He starts with 'not that I didn't have strong feelings' and then goes on to mix tenses — I did and I do. It seems to occur to him for the first time that he does have feelings about the kids leaving home and it isn't just his partner that was/is affected. He is thinking, considering, starting to doubt what he hadn't considered, he is engaging with it. The kids leaving home might affect him too??!"*

*[Researcher comment on Theo; Position: 140]*

*"Well, when I say, the carer, yes, she's the one that made the decisions as far as my daughter's schooling, and stuff, was concerned. And I went along with it, 'cause it was easier to do that. Looking back, I would have liked to have made more, had some more input. But then, you know, when you abdicate something, and you hand that over to somebody else, you can't go back."*

*[Jack; Position: 145]*

*"I mean it is kind of unfair but I was clearly prepared to do it. I guess what I wasn't getting was the other side of it. I was kind of losing both ways because I was doing all this stuff and keeping order and trying to keep order and try and make sure everybody had clothes that they could put on."*

*[Theo; Position: 68]*

*"P: ...I think some people do have that view [that therapy is a "kind of dark art, in the same kind of category of Uri Geller"]. I think traditionally it is seen that men tend to have that view but it is not always men who do have that view. In our case, I think my partner was more of that persuasion than I was.*

*R: And what is it like to be assumed it would be you that would have that view?*

*P: It's frustrating because you kind of feel like you have to spend an awful lot of time establishing something against which... or goes against the preconception, which seems like a bit of a waste of time."*

*[Theo; Position: 264 - 266]*

*"So I went to university... I trained as a [profession], became professional. In that sense, that wasn't what was mapped, what I thought I would be doing when I was younger. Once I got that, I always wanted to get married, and I always wanted lots of children, as part of my fantasy, naturally. And I got married [young], ...*



*children... once I was on that treadmill, or in that role, it was sort of mapped out, in a very unconscious way. [Staying at home] just wouldn't have occurred to me. But on reflection, I'm much better at doing those things, the household stuff, than my partner is, and I quite enjoy doing them. I mean, it would have been much better."*

*[John; Position: 306]*

*"P: Well, I don't know... well, again, maybe I do have stereotypes, certainly when you... Probably when you look back in history, that is certainly the way that things went down up until, well, I don't know, the late '70s, maybe, I don't know, when it started to change, before my time, anyway. At least that's what I'm led to believe is that, you know, there was men went to work, women stayed at home and looked after the children.*

*R: And did couples therapy make you reflect on that, at all, or change your view of that?*

*P: No, I think maybe what it... No, not on the stereotypes... I don't care whether you do or not. So I don't think it really changed my perceptions. Well, we didn't explore it in any way and, therefore, I guess, as a result, my perceptions remain the same."*

*[Oliver; Position: 145 - 147]*

*"As a man going through the courts, trying to secure a basic level of access to your [child], trying to bring your relationship to an end, you're very much made to feel like the aggressor, the perpetrator, the guilty party because you're a man... That wouldn't have happened to me if I was a woman. It did happen because I am a man."*

*[Jacob; Position: 174]*

*"Like I said, I didn't disagree with the action [the therapist insisting he and his partner were seen separately initially], but it was, in a way, I found it, I did find it shocking. But at the same time, I kind of thought, well, I can kind of understand why you're doing that, and I'm not going to argue either, but what's that going to serve? That's just fanning the flames if I suddenly stand up and go, well, that's ridiculous, I'm not going to do that."*

*[Oliver; Position: 44]*

### **5.8.1 *Acceptatio Fati: An initial definition***

To be complicit in one's containment in a world that delimits homo sapiens to crude, accepted markers based on predominantly visual or hidden physical identifiers, based on historic propaganda or tropes that attempt to advantage, give power or assign privilege to the other. To silently accept denial of experience and the disallowance of any opportunity to be seen, heard or felt as other. To be as per label, accepting judgement due to lack of effective known remedy or challenge that does not in turn give ammunition to the trope. To accept life as it is, to be accepting of the vision of the crowd, to act as though one has no choice. To know without exploration and to accept life as it is told. For the unconsidered to equal truth.

## 6 DISCUSSION

This section discusses the findings in relation to the literature. This is somewhat problematic due to:

- No literature having been found from the perspective of the male participants' experience;
- the papers that were found are all written from the position of expert as opposed to participant;
- and where this study's findings do intersect with existing literature, they are widely at odds with each other.

The lack of literature is perhaps explained by the proclivity for counselling and psychotherapy research to focus on minority or disadvantaged groups (Gwyther & Possamai-Inesedy, 2009; Meth et al., 1990). It is difficult to offer an adequate explanation for the contradictory findings without entering into the realms of supposition. Certain speculative explanations can be offered in terms of research design and aim. However, the fact that this research aimed to explore the experience of the heterosexual male client from their perspective rather than the published expert's stance seems to be the most feasible causal factor. Where this research has found intersections between the expert perspective in published literature and the participant experiences in this research, such as in the theme of 'Communication', these findings are widely challenging of the published literature.

It should also be stated that the findings in this thesis are those expressed by the participants who were all white men. All participants self-identified as heterosexual, middle-class and British. Measuring of their 'Britishness', 'heterosexuality' or indeed social class was deemed relevant to the study; in the view of the researcher, all participants appeared to comply with the research criteria at and during interview. It is explicitly acknowledged that wide variations occur in such demographics and this research project is expressly not seeking to

suggest these findings apply to all men that identify as heterosexual, British, middle-class men – see ‘Research Design’ and ‘Discussion, Limitations of the research’.

In addition, it should be noted that the themes presented are not intended to be exclusive to the participants, heterosexual British men, white men or men in general. Comparisons of the relevance of the findings to other demographics, such as people of other nationality, social class, sexuality, gender or ethnicity are therefore not made. Indeed, as described in section ‘Research Design, IPA research does not seek to compare experience to other non-similar demographic groups (Pringle et al., 2011; Ritchie & Lewis, 2014; Tuffour, 2017), as it seeks to illuminate experiences from a particular perspective, for a particular demographic, without attempting to create theory or comparison (Biggerstaff & Thompson, 2008; Fossey E., 2002; Golafshani, 2003).

For simplicity, each identified theme will be considered in the same order as it is presented in the findings section.

## **6.1 Awareness**

Awareness illuminated how the participants had a tendency to consider and reflect on couples therapy, being a man, and being a man in couples therapy. It was not reflected in any of the literature.

The participants were conscious of themselves, had paid attention in therapy, were aware of their expectations and had evaluated how they felt about factors such as the gender of the therapist and the key influences in their life that had shaped their view of being male. As well as not being reflected in the literature, this theme runs contrary to societal tropes of men as discussed in ‘Background’.

### 6.1.1 *Key influencers*

The participants' primary carers as a child, and specifically the 'father figure', were cited as the benchmark role model. This modelling tended to be based on either an acceptance or rejection of key attributes and behaviours from dad. Elements of the participants' views around their own masculinity seem fixed, arguably sedimented in existential terms, in another time. Sedimentation here refers to a sort of quasi-truth that 'has become deposited as if it were solid' and was conceptualised by Merleau-Ponty (1962). Merleau-Ponty links sedimentation to embodiment: we develop a bodily "attitude towards the world [that], when it has received frequent confirmation, acquires a certain favoured status for us" (Merleau-Ponty, 1962, p. 513). The 'another time' I am referring to is related to, or shaped by, the individuals' parents' own upbringing some twenty years or so prior to their upbringing. Using the median age of the participants of just over 44 (see section 'Findings, Participants'), their average birth year is 1973 (2017 less 44 years). The average age of a becoming father in the 1970s was 27 (ONS, 2015), meaning that the participants' fathers' birth year can be estimated at 1946, one year after the end of World War II. As described in 'Key influencers, Parental figures', the participants in this study universally reported their parents, and specifically their father, as the key influencer with regards to their own way of being a man. If this is applied in turn to their own fathers – and that is a big 'if' – the changing landscape in terms of gender role and gender equality today is significant. Even if the assumption that their fathers were influenced by their fathers is wrong, and comparisons are made only between the participants' median birth year of 1973 and today, the same argument relating to gender role and equality stands: things have still changed considerably. Despite being published some 26 years before this research's interviews, both article one (J. Neal & Slobodnik, 1991) and article two (Brooks, 1991) discuss this change in terms of 'traditional verses new age masculinity'. Neal and Slobodnik (1991) advocate that couples therapists should explicitly explore what gender means for the specific couple in therapy and how these values and beliefs manifest in their relationship. Indeed, they are clear that

“consideration of both positive and negative effects of the ways that culture defines masculinity” (J. Neal & Slobodnik, 1991, p. 108) is essential for positive therapeutic change in couples work. Such an exploration was not widely reported by the participants in this research, as described in sections ‘Awareness’ and ‘Heterosexual men in relationship’, with the exception of one participant who reported such an exploration as positive.

In article two (Brooks, 1991) it is suggested that evolving gender roles results in a phenomenon called “gender-role strain, the discomfort resulting from disharmony between early gender socialization and newer role expectations... the negative fallout from contemporary society’s gender role reevaluations” (Brooks, 1991, p. 53). While Brooks states that extreme gender-role strain can result in “breadwinner suicides”, the participants in this research described feeling confused (described in the theme ‘Care, Care for their partner’ and discussed below), as if they were just about managing (see ‘Space and time, Just about managing’, also discussed below) and feeling taken for granted (see ‘Awareness, Equality’).

Both articles one (J. Neal & Slobodnik, 1991) and two (Brooks, 1991) and my findings indicate that there seems to be a reiterative pattern of gender/ generational copying. Adopting this way of being is, in existential terms, to fall into the They-self (Heidegger, 1962a):

*“We take pleasure and enjoy ourselves as THEY take pleasure; we read, see, and judge about literature and art as THEY see and judge; likewise, we shrink back from the “great mass” as THEY shrink back; we find “shocking” what THEY find shocking.”*

*(Heidegger, 1962a, p. 164)*

*“Dasein makes no [independent] choices, gets carried along by the nobody, and thus ensnares itself in inauthenticity. This process can be reversed only if Dasein specifically brings itself back to itself from its lostness in the ‘they’.”*

*(Heidegger, 1962a, p. 312)*

The crux of this argument from Heidegger is that in conforming to 'the norm' the individual is not living to his or her full capacity and potential. Indeed, the active choice of whether to be similar to their key parental influencers in some aspects of being male while rejecting other aspects arguably demonstrates participants' ability to bring themselves, as Dasein, 'back to themselves from its lostness in the "they"'. The findings indicate clear elements of generational rejecting, in that some participants actively chose to act differently to their parents.

While not covered in the therapeutic literature, the background literature section explores the perceived intertwine between sexuality and gender. This was not supported by the participants' views of themselves: while they did question their adherence to gender expectations (whether they were male or not, as discussed in section 'Awareness, Of being a heterosexual man) they were all confident of their heterosexuality.

### *6.1.2 Of evolving gender equality and gender roles*

Awareness of equality issues, changing gender roles as well as being seen to be supportive of these changes, seeped through all interviews with all participants. However, not all participants believed that the changes they were aware of in the outside world were reflective of the situation in their own relationship. In some relationships, this perceived inequality was cited as a significant cause of relationship problems while for others, negotiating equality was particularly complicated when equality clashed with traditional romantic scripts such as the man paying for dinner on dates.

The concept of sharing responsibility in the home rather than adhering to the more traditional role of 'breadwinner' appears to have been accepted by the participants and, for some, embraced. This runs counter to the argument in article three (Englar-Carlson & Shepard, 2005) that each gender is better than the other in relation to various skills, tasks or emotions (i.e. the tropes set out in section 'Background literature'). Indeed, the only

discontentment manifesting around sharing of responsibilities in the home as well as contributing financially came from a participant who earned less than his partner and did not feel that she appreciated his contribution at home, a reversal of a historical societal issue whereby the 'housewife' felt undervalued by the breadwinner husband (Anderson, 2009; H. Davies & O'Callaghan, 2016). In his scenario, he felt undervalued by his career-oriented partner.

With regards to heterosexual ideas around romance, the notion that a gentleman should pay still seemed societally strong and, for such participants, they tended to conform to this dating protocol, albeit resentfully at times. Sartre's concept of 'bad faith' seems relevant (Sartre, 1969, pp. 70-90). Bad faith is Sartre's term for the self-deception to which everyone is susceptible by virtue of the bivalent situation of being human, namely its facticity and transcendence (see 'Terminology'). Betty Cannon describes this double aspect of freedom succinctly: 'I will fall into bad faith if I take one or both of the two dishonest positions about reality: If I pretend either to be free in a world without facts or to be a fact in the world without freedom' (Cannon, 1991, p. 46). Thus, bad faith arguably applies to both the person paying for dinner who thinks it is unfair and also to the benefactor who believes in equality but expects to be paid for without discussion.

A comparable inequity also was evident in the section 'Communication, Anger'. Behaviour such as throwing things at your partner, throwing things out of the window, writing derogatory messages on mirrors or hitting your partner appeared to be normalised and accepted when done by a woman; there was no evidence of such behaviour being viewed as inappropriate or being discussed in therapy. In contrast, when it came to shouting or being viewed as communicating anger, this was seen to be problematic when exhibited by participants, both for their partner and, when explored, the therapist. Interestingly, however, one participant described his confusion after being castigated for hitting one of his partner's colleagues at a work event but then subsequently experiencing excellent sex with his publicly offended partner. This scenario illustrates the seemingly paradoxical gender-



role dynamic involved in some relationships: 'bad for hitting my colleague but really good, let's fuck', as described by James in 'Care, Care for their partner'.

As discussed in the previous section, article two (Brooks, 1991) explores the uneasiness that exists between the genders as a result of evolving roles, using the concept of gender-role strain. The article cites Kunkel & Nielson (1998), who argue that men experience more intense condemnation than women for deviation from prescribed norms. This is supported by the uneasiness described by some of the participants when negotiating their relationships, highlighted around financial contribution and romantic ideals, above. In contradiction to Kunkel and Nielson (1998), however, who suggest that other men tend to condemn the non-conforming man, my findings suggest that such condemnation emanated from the participants' partner.

### ***6.1.3 The gender of the therapist***

This was an important factor for the participants and demonstrated a consciousness of how gender might or might not affect therapy. While Heidegger and other academics may believe that ontology is genderless and some therapists and therapeutic approaches do not overtly recognise gender (see section 'Existential perspectives on gender'), the participants were very aware of the gender of their therapist. This suggests that while theory may not view gender as relevant, participants do not live in such a genderless vacuum. Thus, Sartre's "existence precedes essence" (Sartre, 1948, p. 33), which suggests for human beings that there is no predefined pattern that one must fit into, does not seem to be in the awareness of the participants – they seemed clear that the gender of the therapist had the potential to affect therapy; the participants actively selected a couples therapist based on gender.

What is also important to consider is the fact that the participants reported that the gender of the therapist had been important before even meeting their therapist.

Thus, for these participants, the labelling of gender brought a whole set of undertakings and assumptions into the therapy room as they walked in for their first session with a new therapist. When taken from the position of participant, this exposes the therapist to the potential of inadvertently being viewed as a caricature of such labels. As identified in 'Background literature, Perspectives on couples therapy', gender is only actively considered in couples or individual therapy texts when people do not adhere to rigid gender norms, as in trans. Indeed, during my own work with gender-questioning people, considering the impact of how our genders might or might not affect therapy was an advocated stance in my training (Barker, 2015; Bogaert, 2012; Carl, 1990; D. Davies & Neal, 1996, 2000; Fassinger & Ritchie, 1997; Gilbert & Scher, 1999; Kimmel, 2008; C. Neal & Davies, 2000; Paget, 2016; Richards & Barker, 2013; Robinson & Hockey, 2011; Roen, 2015; Roughgarden, 2009; Taylor et al., 2011) and it seems that this could also be relevant to cisgender work.

The effects of social conditioning and society mean that we are clearly not free to be anything we like, because we exist and have to survive in a world with other people and their opinions and views – these views become part of our facticity. Heidegger (1962b, pp. 17-27) held that facticity comprises the concrete situations and the cultural and historical contexts into which Dasein finds itself thrown a priori, and which constitute the concrete limitations of human possibilities:

*"What are these surroundings that are given to me, but are not made by me?*

*First, surroundings are the physical and social world to which I belong: I'm born into this family, with these genes, this attachment style, external life events, etc.*

*This also includes my body, to which I am always connected..."*

*(Vos, 2015, p. 890)*

De Beauvoir (1944, p. 58) and Sartre (1969, pp. 103-109) expand on Heidegger's 'facticity' by restating it as all of the concrete details against the background of which human freedom exists and is limited. For Sartre, facticity was the set of facts relevant or given to the person,

for example, physical characteristics, parents, time and place of birth, and language; each person's unique position within the world. According to Sartre (Sartre, 1969, 2003), this finitude of human existence does not determine our freedom or our fundamental project. Instead, it is the basis upon which we make our 'free' choices.

At this point it seems important to reiterate that both the participant and therapist find themselves within-the-world and it seems important to consider the impact of gender on the basis that therapy is about supporting clients, even if our own modality or personal views suggest that gender is not relevant; for the clients, from these findings, it clearly is.

With an understanding of the fluid nature of Being, existential psychotherapies also hold the positive view that because gendered roles and behaviours are learnt they are therefore not immutable. In exploring the life-world of the client and gaining greater clarity around rigid or sedimented ways of being in the world including how one may be fixed in one's gender, it may be possible to move towards more creative, fluid living (Spinelli, 2007). However, clients' assumptions may only be available to challenge and exploration by a therapist who her or himself holds an awareness of their own ways of performing gender.

None of the articles mention any client preference or view about the gender of the therapist. While this thesis explicitly does not reference the gender of any of the therapists due to ethical requirements, the gender of the therapist from the perspective of the client is an important area worthy of consideration.

#### **6.1.4 *Gender bias of some therapists***

This thesis is explicitly not about the efficacy of the therapist. The findings show that the participants were aware of the potential of the gender of the therapist to affect therapy, as described above, as well as, from the participants' view, demonstrations of gender bias from

some therapists. It is unfair to enter into supposition about the events described apart from to simply state that they occurred from the participant perspective.

Several of the articles (number one, three and five) describe the theoretical imperative of therapist neutrality. Exploring this further is not possible without revealing either the gender of the therapist or without entering into the world of supposition. What is clear from the findings is irrefutable: when gender bias against either party was experienced to an extent that the participant and/or his partner felt it affected their faith in the ability of the therapist to offer neutral support, therapy was immediately ended. In the five reported instances where this happened the couple invariably did not reveal the reason for therapy ending, rather they simply booked with another therapist or made polite excuses. This means that the likelihood of therapists discovering that they are being perceived as other than gender-neutral, from the findings in this study, is potentially low.

Aspects of the participants' experiences of being a male in couples therapy, particularly with regards to always seemingly to be to blame, reminded me of Foucault's concept of 'heterotopia' (1967, p. preface), which he used to describe spaces to which Christians fled to find safety from persecution. Hetero- is from the Ancient Greek ἕτερος (héteros, 'other, another, different') combined with τόπος ('place'), etymologically following the template of utopia and dystopia ("Heterotopia," 2018, p. online). Foucault describes heterotopia as places that appear to be open but in reality are closed; places that have more layers of meaning or relationships to other places than immediately meet the eye (Foucault, 1970). In describing heterotopias, Foucault references a kind of guest bedroom that is found in homes in South America. However, the entry doors to these rooms "did not lead to the central room where the family lived, and every individual or traveller who came by had the right to open the door, to enter the bedroom and to sleep there for a night. Now those bedrooms were such that the individual that went into them never had access to the family's quarters" (Foucault, 1967, p. 26). For me this was analogous to participants who entered therapy assuming that

they would be welcome, treated well and unaware of the hidden biases and thoughts of the therapist (my own substitution of guest room for therapist perspective).

## **6.2 Care**

No aspect of this theme or its subthemes was found in any of the literature. These themes in summary are:

### **6.2.1 *Care for their relationship***

Over half of the participants reported suggesting couples therapy with only one being hesitant (due in part to not knowing what therapy was). This contradicts article three (Englar-Carlson & Shepard, 2005) and the popular trope described in 'Background literature: Men and therapy – popular cultural perspectives' that men have to be dragged to or are resistant to therapy. Indeed, in this dataset, a few participants described having to persuade their partners to attend couples therapy, in direct contradiction of the trope.

One quarter of participants expressed a desire for regular top up /MOT therapy to discuss potential relationship problems before such problems escalated into significant issues. There is also a sense that some participants feared talking about intimate aspects of their relationship through loyalty to their partner. In such scenarios, these participants seemed to believe that talking about 'private' aspects of their relationship other than in therapy might be perceived as unfaithfulness by their partner.

### **6.2.2    *Care for their partner***

The findings indicate how much the participants clearly care for their partners both current and past. A common theme of therapy was for the participants and their partners to be encouraged to cherish each other more.

The intersection of equality and traditional romantic behaviours such as the man paying for dinner was confusing for the participants. This is not evident in the literature. A further example of this confusion was described by James who could not reconcile the public scolding of his behaviour after he had hit his partner's work colleague for being abusive towards her with a private increase in sexual activity at home – see 'Care, Care for their partner'.

### **6.2.3    *Care for themselves***

The findings show the participants actively caring for themselves. Examples include attending individual or group therapy and attempting to invest in friendships or activities. Some participants were aware of their propensity to use substances such as alcohol, drugs or coffee in an attempt to self-soothe, as identified in the 'Background literature' section (Busby & Holman, 2009; Englar-Carlson & Shepard, 2005; Garfield, 2004; Garfield, 2010; Moore, 2012; Quilliam, 1998; Robey et al., 2012; Shepard & Harway, 2012; White & Tyson-Rawler, 1995; Worden & Worden, 1998).

### **6.2.4    *Care for their loved ones***

The findings illustrate the care the participants demonstrate towards loved ones including children (biological, inherited or adopted) and their parents, which was not found in either the literature or background reviews. Several participants with children described having

affectionate relationships with them, being emotionally available and spending as much time as possible with their children as key drivers. This was sometimes described in terms of how they wished their relationship with their own father either had been or was. There is a sense, also evidenced, within this dataset that participants with children often deferred to their partner when it came to child-rearing, including putting their partner's emotions and feelings first. This deference to the mother figure coincides with the findings of Burck and Speed (1995) as well as Cabrera and Tamis-LeMonda (2013), as discussed in the background section.

#### 6.2.5 Care summary

This theme of care widely challenges societal tropes and, despite its clear presence in the data, was not evident in the literature. Heidegger's concept of Dasein is again relevant as one of the fundamental characteristics of Dasein is that it cares (Heidegger, 1962a).

Heidegger therefore asserts that one cares for the world that one finds oneself in, whether one likes it or not. Furthermore, even if one appears not to care, this is caring itself, for making the effort not to appear to care is, indeed, care (Heidegger, 1962a; P. T. Wong, 2010).

Dasein's fundamental care (*Sorge*) for the world is expressed through 'concern' (*Besorgen*) for objects, but as 'solicitude' (*Fürsorge*) for others (Heidegger, 1962a, pp. 143, 146, 176, 238), hence the latter's relevance to this theme of participant care towards others. In Heideggerian terms, *sorge* is not less than Dasein, i.e. it is of human existence itself (Cohn, 2002; Heidegger, 1962a, pp. 56-57, 83; Paget, 2015; Van Deurzen, 2010). The noun *Fürsorge*, often translated as 'solicitude', carries the meaning of "actively caring for someone who needs help" (Tomkins & Simpson, 2015, p. 17), as elucidated by one translator of *Being and Time*:

*"There is no good English equivalent for 'Fürsorge', which shall usually translate by 'solicitude'. The more literal 'caring-for' has the connotation of 'being fond of', which we do not want here; ... 'Fürsorge' is rather the kind of care which we find*

*in 'taking care of the children', or even the kind of care which is administered by welfare agencies. Indeed the word 'Fürsorge' is regularly used in contexts where we would speak of 'welfare work' or 'social welfare'; this is the usage that Heidegger has in mind in his discussion of 'Fürsorge'".*

*(Heidegger, Macquarrie, & Robinson, 1962, p. 157)*

In the majority of the relationships of solicitude described by Heidegger, the Other is related to through some object being taken care of (Polt, 1999). Thus, food is prepared for the other, clothing cleaned, houses built (Spinelli, 2005).

Heidegger discusses two main modes of solicitude, namely "*einspringen*" (leaping in) and "*ihm vorausspringt*" (leaping ahead):

*"It can, as it were, take away 'care' from the Other and put itself in his position in concern: it can leap in for him... there is also the possibility of a kind of solicitude which does not so much leap in for the Other as leap ahead of him in his existentiell potentiality-for-Being, not in order to take away his 'care' but rather to give it back to him authentically as such for the first time"*

*(Heidegger et al., 1962, p. 158)*

Leaping in is a relationship of domination (tacit or explicit) where the other's care is taken over (Van Deurzen & Arnold-Baker, 2005). Finding someone who is troubled by their inability to complete a task, one would leap in and do it for them, giving them the completed product or result afterwards – for example, the participants finishing a school project for their child. Leaping ahead pertains to a type of solicitude that is essentially authentic care – that is, related to the existence of the other, not to a "what with which he is concerned" (Cooper, 2003, p. 174). This type of care is also evident in this theme. Indeed, while Heidegger does not give any examples of solicitude that distinguish between *leaping in* and *leaping ahead*, he says that for the most part we exist in a mixture of these modes of *Fürsorge*



(Heidegger, 1962a), as evidenced in the findings. Getting the balance right between such types of care was something that was found to be complex for the participants: demonstrating equality while conforming to societal tropes of masculinity, the paradoxes of traditional romantic behaviours in the context of modern equitability. Indeed, there is a clear sense that some participants felt that they were damned if they did, damned if they didn't, as illuminated by James in 'Findings, Care, Care for their partner'.

Clear sight of who cares for the participants did not manifest in the findings, but there was a distinct sense that they did not, in general, seemed to be cared for by others.

### **6.3 Communication**

The findings run counter to the conventional view that men cannot communicate.

With regards to the literature, article five (Muntigl, 2013) discussed communication in a couples therapy setting based on observation of video recordings of a six-session therapy contract and is written by a linguistics expert. The article identifies a gender alliance between the female partner and the female therapist against the male partner and cautions therapists not to become complicit in this way, accidentally or consciously. In addition, the particular couple was chosen out of twelve couples for analysis as the expert noticed this male participant's particular resistance to answering the therapist's questions, reinforcing, arguably accidentally, as discussed in 'Background literature, Men and therapy – popular cultural perspectives', some tropes of men in therapy. Much of the focus of the article is on the gender alliance noted by the expert and therefore is irrelevant to this study as the gender of the therapist is here masked throughout.

That being said, my sense of the dataset is that the questioning of some participants by some therapists may have been undertaken in an attempt to balance therapy time between the parties when the participant had a garrulous partner, rather than because of a gender

alliance. However, this seemed to make the participants feel subject to a level of scrutiny and questioning that their partner did not seem to have to endure, as discussed in section 'Findings, Awareness, Gender bias of some therapists' and 'Findings, Heterosexual men in relationship, Always to blame'.

Article one (J. Neal & Slobodnik, 1991) also describes men being less articulate than women. Indeed, there is general sense across the background literature that men are poor at communicating, a phenomenon that I have witnessed first-hand in both wider society and in therapy settings. However, this was not my personal experience of conducting the interviews for this research, as identified in 'Findings, Space and time, To think and to process', some participants needed time and space to formulate their answers, something that was easier in one-to-one interviews than in triad scenarios but, once given this time, they could communicate clearly and eloquently. Therefore, while communication is a theme in the findings, the literature review and the background literature section of this thesis, there is no correlation.

The individual findings in relation to communication are discussed below:

### **6.3.1 *Anger***

The angry man is a well-known societal trope and it was clear from the findings that expressing anger in therapy was problematic. The participants noted that some expressions of verbal frustration and confusion were interpreted by some couples therapists as a sign that the participant might become violent in the therapy room. In the instances where the therapist reportedly labelled the man as abusive, this was damaging to both the therapeutic relationship and also the relationship between the couple seeking help, and invariably resulted in a new couples therapist being sought, as described in 'Awareness, Gender bias of some therapists'.

### 6.3.2 *Another language*

While article one (J. Neal & Slobodnik, 1991) argues that men are less articulate than women, these findings suggest that some participants felt that they actually spoke another language at times to both their partner and therapist. Indeed, the general literature as described in 'Background literature' infers that communication of emotional feelings and emotions is predominantly the domain of women, supporting the participants' experience that they communicated differently to their partners and therapist (irrespective of the gender of the therapist it is assumed that most therapists have heightened communication ability due to their extensive training). It seems likely that social conditioning may be a factor in how we individually communicate. Certainly, gender roles, as described in 'Background literature', seem to be playing a role here and one participant even indicated that he had been trained in therapy how to communicate. However, communication is complex, nuanced and personal and the idea that there is a correct way to communicate is unproven, as discussed in 'Background literature, Perspectives on couples therapy', 'Background literature, Men and therapy – popular cultural perspectives', 'Literature review, The articles, Article Four' and 'Literature review, The articles, Article Five'. Ultimately, the claim that one gender communicates better than another seems a rather reductive take on human interaction and gender.

As stated earlier, my experience of all participants was that they were eloquent, clear and thoughtful in their communication. This could be attributed to many things, including what they learnt in couples therapy, as well as the fact that I am a cisgender male researcher who was socially conditioned at a similar time in history to the participants. This of course is supposition but may be worthy of investigation.

### **6.3.3 *Not being and being heard***

This is interrelated with ‘Another language’, above, in that several participants felt that they were not heard when they communicated. This made them feel isolated and frustrated. This aspect of communication is not evident in the literature.

### **6.3.4 *Non-verbal communication between parties***

This theme was not evident in the literature. It is mainly evidenced in the findings by an apparent appreciation by some participants of my observations on some of their body language and gestures during interview. The participants communicated that such observations made them feel that I was interested in them.

### **6.3.5 *Gendered language and metaphors***

This theme is not considered in any of the articles. My findings suggest that men may use words and metaphors related to interests traditionally associated with men such as fighting and cars (Anderson, 2009; Asher, 2016; Robinson & Hockey, 2011). Markovic (2017, p. 53) also states “gender stereotypes can creep into language... and intrude on personal and interpersonal space often quietly and unwittingly, yet powerfully”. Indeed, participants’ use of words such as ‘pussy’ to describe themselves seems to interrelate with questioning of their own conformity to masculine gender tropes, discussed in ‘Introduction, Research aims’ and ‘Background literature, Masculinity’.

## **6.4 *Heterosexual men in relationship***

This section touched on feelings, emotions and experiences that emanated from the analysis, that arguably were known to the individual participants but were less in their immediate

awareness. Immersion in and an overview of the collective dataset of experiences facilitated these themes emerging.

#### 6.4.1 *Always to blame*

The findings detail men being solely blamed for their partners' extramarital affairs by their partners and therapist, on the premise that their partners would not have looked elsewhere had the participant showed their partner more attention. In contrast, when the participant was the one having an affair, the findings also detail the participant being solely blamed by the couples therapist. In this particular scenario, the participant and his partner recognised the blaming stance towards him and elected to change therapist. This change of therapist was not reported as happening in cases where the participant's partner was the one having the affair but the participant describes being held responsible.

This blaming stance towards the male participants was also evident in some of the literature and is evident in popular culture as described in section 'Background, Masculinity'. Article one (J. Neal & Slobodnik, 1991) of the literature review presents men as less articulate than women, says that men are oppressors and recommends that couples therapists should seek to make men accountable for their masculinity. Article two (Brooks, 1991) describes men as oppressors of women, behaving poorly in therapy, being likely to sabotage therapy and as physical abusers who are psychologically vulnerable. Article three (Englar-Carlson & Shepard, 2005) cites masculine inexpressiveness and describes male behaviour as being harmful to relationships. The analysis of article three also includes reference to an arguably misandristic (see 'Introduction, Terminology') article entitled *Men and therapy: are they compatible?* (Wheeler, 2003), which introduced a BACP special publication on men in therapy. Article four (Garfield, 2010) opens with descriptions of men being resistant to therapy and uses descriptions of emotionally retarded men, while article five (Muntigl, 2013), the first one by a non-therapist, reverses the trend by using language that is more blame-neutral. Thus,

be it in a review of relevant literature, in a study of general couples therapy or therapy for men books as detailed in 'Background literature', or being immersed in this research data, men in general seem to be blamed. Indeed, an implicit bias (thoughts, feelings or beliefs that one is not aware of) towards heterosexual men in general appears to exist in the many of the texts.

Counter to this negative presentation of men in the literature, article three does offer: "it must be remembered that many men function well in society and contribute to the welfare of others" (Englar-Carlson & Shepard, 2005, p. 390). On the basis that research tends to shine a light on to the experience of minorities, it could be the case that people who function unobtrusively in society and within their intimate relationships and who do not fall easily into a minority societal label escape therapeutic research and focus.

#### **6.4.2 *Lonely***

Loneliness emerged in the findings. Many of these men were lonely at home as well as in life in general. Communication issues with their partner (see 'Findings, Communication, Another language') coupled with relationships that were struggling was significant here. However, loneliness was also shaped by factors such as geographical relocation, career choice and the pressures of modern life.

Sections 'Background, Recent history of heterosexual relationships' and 'Background, Masculinity' describe how culturally men have been encouraged to focus on work and view other men as potential threats to their own career, including not being seen to have close friends for fear of being viewed as gay. These societal pressures may be explanations for the loneliness described in this participant group. That being said, some participants did describe the importance of their relationships with their work colleagues and bosses in the absence of friends, particularly around who they told about attending couples therapy, perhaps a sign that the Victorian era views of masculinity are waning. Such work

relationships were referenced regularly by several participants while no participant described any form of relationship with their siblings – this is described in ‘Care, Care for their loved ones’.

Article four (Garfield, 2010) intersects with this finding of being lonely, even though it is tangentially positioned in that it posits that attendance at group therapy will improve “men’s difficulty with emotional intimacy... and address their resistance to therapy” (Garfield, 2010, p. 109). That being said, Garfield is firm in his belief that isolation and loneliness are significant problems for men, which corresponds to the findings.

One of the participants described how much he had enjoyed someone taking an interest in him (me, during the research interview), which was palpably sad to hear; others described use of anaesthetising agents such as alcohol or drugs to numb their loneliness, which was sometimes compounded if their role in the family was to be the rule-enforcer.

#### **6.4.3 *Uncherished***

This theme was not present in any of the literature.

As well as feeling lonely, many of the men seemed to feel ‘in the way’ at home and often ‘not wanted’, particularly when the couple had children.

#### **6.4.4 *Misandristic***

While not directly evidenced from the content of the articles and general literature, some of the opinions expressed by the experts could be interpreted as misandristic, as evidenced in ‘Literature review, The articles’. This corresponded to some statements made during interview by some of the participants.

Indeed, it is hard to see where individual opinion and dominant cultural tropes of men delineate as it seems 'the man as bad' is widely acknowledged and accepted, as discussed throughout this thesis, and in particular in sections 'Background literature, Masculinity' and 'Background literature, Men and therapy – popular cultural perspectives'.

## **6.5 Space and time**

The findings indicate that the participants not only struggle to manage the time needed to attend couples therapy but that they also struggle to manage temporal aspects of life in general. In addition, these participants described time in terms of absolutes, i.e., now and then, with no sense of any time in between. Ricœur's (Ricœur, 1967, 1970, 1984) consideration of time is useful. Ricœur posited that time can be described in several ways: cosmological time (time of the celestial movements of Earth, Sun, Moon; the time we keep track of in calendars and with clocks); phenomenological time (the time of experience, sometimes fast, sometimes slow, sometimes paused or stopped); and historical time (in some sense the bridge between the two in which events are marked and recalled or considered for the future). As seen in 'Findings, Awareness, Key influencers' and discussed in 'Discussion, Awareness, Key influencers', the participants shaped their way of being male based on societal values in historical time, which affected their experience of relationship and therapy in phenomenological time, their now experience. However, other than an acknowledgement of evolving gender roles in articles one and two from 1991, no reference to space and time was found in the literature. What did concur with the findings however was the use of absolutes to describe "traditional" and "modern" men in both of these articles; both the experts reference a now-and-then version of masculinity that was described in the findings.

The findings also describe their apparent appreciation of being given time to think, process and explore when delivering their answers to some of the research questions. Finally, the findings described how the men experienced therapy settings. It is clear that most



participants appreciated neutral spaces that conveyed professionalism. Spaces that displayed literature featuring men who did not represent the participant (i.e., gay men, abusive men, addicts) made them feel unwelcome and questioning of the ability of the therapist and/or agency to help them.

The participants' awareness of their surroundings manifested in the findings, and arguably could have been included in the awareness theme rather than this section. Overall, temporal aspects of time and physical space affected the participants' experience of couples therapy.

## **6.6    *Acceptatio Fati***

This theme is purely interpretative and relates to my interpretation of aspects of the participants' interaction with the world, their partners, loved ones and couples therapy. Its correlation to the literature is a negative one, namely that research tends to be into minorities, rather than into the 'norm', a phenomenon that contextualises and explains the lack of research into this participant demographic, and the difficulty of comparing these findings to other literature.

*Acceptatio Fati* describes a sense of acceptance without challenge of the experience of being a cisgender, heterosexual man. It seeped out of the whole dataset and, in particular, when I was immersed in interview recordings. The potential for diversity, fluidity and individuality seems to have escaped both the participants and many of the couples therapists, who seem not to see cisgender as a subject of wonder and consideration when working within relationships involving a woman and a man. This could be attributed to the ubiquitous assumption that all people are indeed cisgender and therefore the obvious does not warrant thought or research, arguably supported by the fact that a descriptor for such people (cisgender) was only included in the Oxford English Dictionary in 2015, as described in 'Introduction, Terminology'. Indeed, in an entry in my research journal, made during the period when Nietzsche's concept of *Amor Fati* was refashioned, reworked and bastardised

into *Acceptatio Fati*, I pondered if an explanation for the lack of literature with which to compare my findings was directly attributable to cisgender people only being recently discovered!

The taken-for-granted-ness, indeed the assumptiveness, and therefore near invisibility of being a cisgender heterosexual man, appears to negate any need for reflection or consideration of what being such a being is like – in the same way that night follows day, being a heterosexual cisgender man is assumed to be known, leading to a one-dimensional image that is not often reflected upon. The acceptance of this status quo is evident in the opening words of my initial definition of *Acceptatio Fati*: “To be complicit...”. The definition continues with the “visual or hidden identifiers”, a reference to genitals or sexual preference, to skin colour or political view. The one-dimensional aspect of being known is acknowledged with “To be as per label”, a reference to the lack of diversity and fluidity attributed to such markers and seemingly accepted by some participants. The findings also reveal that any challenge to the presupposed view is futile, as illuminated by Oliver in the quote below. Even worse, any display of frustration or exasperation around the existence of this problem was reported as being received as confirmation of these very tropes:

*“...But at the same time, I’m not going to argue with you, either. There’s no point in me arguing, so I just said, yes, that’s fine, let’s do that, then... I’m not going to argue either, but what’s that going to serve? That’s just fanning the flames if I suddenly stand up and go, well, that’s ridiculous, I’m not going to do that.”*

[Oliver; Position: 38 - 44]

Resistance or challenge is accepted to be futile. The options seem to be to accept and comply or challenge and leave. Indeed, five participants did leave therapy when they and their partners’ awareness of a perceived gender bias from the therapist became intolerable.

## 6.7 Discussion of the sum of themes

This research explored heterosexual men's experience in couples therapy with six major themes emerging. Five of these themes, namely *Awareness*, *Heterosexual men in relationship*, *Care*, *Communication*, *Space and time* illuminate aspects of masculinity that arguably challenge presentations of men prevalent within therapeutic texts, in the reviewed literature as well as the sociocultural tropes and presuppositions of cisgender heterosexual men in the UK. But the real story is framed in the sixth theme, in the concept of *Acceptatio Fati*.

*Acceptatio Fati* needs consideration in order for other works to emerge that can contrast, compare and support or challenge the details that emerged from this study. However, it is hard to have a dialogue about the details of a phenomenon if the phenomenon itself is not recognised as existing. It seems that the sociocultural narratives surrounding cisgender heterosexual men are so dominant that no matter how hard we try to escape them, they remain embedded within us all. Of course, this is not surprising when we consider that we are brought up to be a certain way-in-the-world from birth because of our sex organs. Gender for young people today is unquestionably more fluid than it was when the participants in this study were brought up, a phenomenon that attracts ridicule and incredulity in some areas of British society and the media. Against this backdrop of change, arguably prompted by feminism and increased visibility of other genders such as trans, something about the 'normalness' and prevalence of the cisgender heterosexual man seems to render him invisible. Yet such men are not fine, a fact confirmed by their increased prevalence of successful suicides compared with women and by their regular estrangement from children post-relationship breakdown. The findings paint a picture of lonely, uncherished men who always seem to be blamed despite caring deeply about their loved ones. Five of the twelve participants describe ending therapy when they perceived gender bias from their couples therapist. Within this experience there seems to be a glaring lack of empathy, which is ironic given the etymology of 'therapy':

*Therapy (noun) 1846, "medical treatment of disease," from Modern Latin therapia, from Greek therapeia "curing, healing, service done to the sick; a waiting on, service," from therapeuein "to cure, treat," literally "attend, do service, take care of"*

*(Etymology, 2018)*

How do we therefore, as a therapeutic profession, attend to and explore the experience of cisgender heterosexual men with the same curiosity and wonder that we might apply if we were working with a less normative presenting individual or couple? (Indeed, from a broader perspective, how do we keep up with advances in epigenetics and neuroscience that have occurred since many therapeutic approaches were developed and certainly since the writings of many philosophers?)

My own training and experience of working with clients who are sexuality and/or gender-questioning highlighted a myriad of possibilities of being that somehow escapes consideration in cisgender heterosexual male identity. The use of the term identity as opposed to identities here is deliberate, reflecting the fact that each participant had a personal and fixed view of masculinity, which correlated with the background narrative in terms of masculinity being predefined and fixed, i.e., men are like this (as opposed to *some* men are like this). How can we as therapists illuminate the sedimented views and positions of male cisgender heterosexual clients if ours remain fixed, unconsidered and unchallenged? How do we as therapists explore experience for all gender presentations with kindness, non-maleficence and beneficence (BACP, 2013)?

The phenomenological paradigm used as the basis for this enquiry allowed themes to emerge that were unknown to me at the start of this process and are also not evident in the literature. The process of epoché, once started, allowed themes to emerge to the point where new perspectives could be taken and new interpretations could be made in relation to the data. Of course, the hallmark of exploring experience relies first on phenomenological

noticing, which is of course the challenge if you are not aware that there is something to notice!

*“How will you look for it, Socrates, when you do not know at all what it is? ... If you should meet it, how will you know that this is the thing that you did not know?”*

*(Plato & Grube, 1981, p. 13)*

It is hoped that engagement with this thesis may help therapists to notice cisgender heterosexual men as if the cisgender heterosexual man before them was the first they had ever encountered in life.

Of course, phenomenological exploration of client experience is a significant strength of existential therapies. Such an exploration requires both the researcher and therapist to stay close to participant or client experience with an active bracketing, or epoché, of prior assumptions (see ‘Research design, Hermeneutic phenomenology and IPA’, ‘Research design, Validity and reflexivity’ and ‘Discussion, Additional validity and reflexivity’).

This analysis also arguably demonstrates a facet of what Ricoeur (1967, 1970, 1984) described as the hermeneutic of suspicion, in that the emergence of *Acceptatio Fati* as a foregrounded phenomenon demonstrates the need to freely immerse oneself in the data to allow creative events to occur “in front of” the text. In this research, the first five themes directly represent participants’ experiences but the sixth, *Acceptatio Fati*, emerged through a deeper researcher engagement with the whole dataset. Arguably such an activity is simpler in the solitary confines of the immersion process than it is in the presence of clients but it is an active element of existential practice and phenomenological research that allows experience to be explored.

## 6.8 Implications

This study supports the case for research into majority groups as well as the current stance of researching minority groups. The practice of only researching minorities threatens the view of people as people and reinforces a taken-for-granted world whereby fundamentals are not considered because they are assumed to be known. Cisgender heterosexual men have been the assumed normal human being against which all others are measured and compared. This has meant that their experiences are not considered, nor is any attempt made to explore them, other than if they fall into a sub-category of maleness deemed worthy of research.

## 6.9 Recommendations

### 6.9.1 *For psychotherapy and counselling practice*

Key areas for practice include:

- Be aware of personal views about gender and relationships
- Demonstrate neutrality towards both parties in the heterosexual cisgender couple
- Explore expressions of feelings, such as anger or frustration, for both parties
- Consider the ethics of working with a heterosexual couple if your own views of gender are unconsidered, fixed or unbracketed
- Allow space and time for both parties to contribute while avoiding over-questioning one party
- Do not assume which party suggested therapy or that one party was more open or resistant to attending
- Explore the reasons you were chosen as a male, female or other gender-presenting therapist and how this might or might not affect therapy in the view of each client

- Consider the professionalism of therapist presentation and attire when working with couples

#### **6.9.2 *For existential practitioners***

- Be aware that philosophical ideas surrounding gender may not reflect client awareness and view
- Explore all genders and sexualities, including cisgender heterosexual individuals, couples and groups, with wonder and curiosity as you might when working with a non-binary, asexual person or trans couple
- Be aware of your own bias and assumptions with regards to gender and utilise supervision and epoché

#### **6.9.3 *For counselling and psychotherapy training***

- Analysis of course content and training material to ensure inclusivity of heterosexual cisgender experience
- Consideration of implementation of gender awareness/ gender intelligence training that is inclusive of all genders, perhaps by the study of approaches for work with trans or other genders

#### **6.9.4 *For research***

Possible areas for future research include:

- Consideration of the gender of the therapist and its impact on couples therapy for the individual partners in heterosexual couples therapy and/or the couple as a whole. Ethical limitations prevented the gender of the therapists being disclosed

in this study, however, for the participants, the gender of the therapist was important and worthy of further exploration.

- Narrative research into the experience of the heterosexual cisgender male client in couples therapy
- The time and space allocated to each participant in couples therapy
- Sexuality and gender relatedness for heterosexual people
- Semiotic analysis may be useful
- The apparent collision of sexual attraction, romantic ideals and gender equality in heterosexual relationships

#### **6.9.5 For policy**

- Consideration of décor, marketing materials and settings to promote inclusion of heterosexual cisgender men in therapy. Imagery and text should be inclusive and present a balanced view of heterosexual cisgender men
- Consideration of the provision of follow-up couples therapy sessions as standard policy and at regular intervals, such as quarterly, bi-annually or annually

#### **6.10 Limitations of the research**

My study has been primarily concerned with exploring the experience of gender identity for heterosexual male clients in couples therapy with an aim to offer a robust and detailed contribution to the discipline of counselling and psychotherapy. Key limitations include:

- This research explores the experience of just twelve men who all self-identified as heterosexual, white-British, middle-class, cisgender men. The youngest participant was 36 with the median age being just over 44. The study does not explore participant demographic such as being British or middle-class thus the



impact of such criteria is not considered in the context of culture, ethnicity and class.

- Many factors not considered in the data analysis could have affected the findings such as the reasons for seeking therapy, the nature of the couples presenting problems, the modality of therapy, the gender of the therapist, the number of sessions attended and the therapeutic/relationship outcome.
- It is explicitly acknowledged that the experiences of these participants are their own. Knowledge about such experience will be affected and shaped by the researcher, the interview format, the interview questions asked and not asked, the research supervision team and by the analysis. This means that this research is not easily replicable.
- Reasons for why each participant took part in the research are unclear and were not explored in any stage of the recruitment or interview process. That being said, as discussed in section 'Recruitment', when it became clear that my initial online recruitment strategy was attracting potential participants with an overt agenda (due to adverts being placed in a wide array of support groups including for survivors of domestic or sexual abuse or men aggrieved at their treatment by the legal systems) I reviewed my advertising strategy to make it more focused on therapy, following discussions with a participant recruitment specialist. This early experience reminded me of the following quotation: "Every seeking gets guided beforehand by what is sought" (Heidegger, 1962a, p. 24). This shift in strategy, as well as a redesign of the recruitment poster, attracted participants whose primary characteristic was that they had experienced couples therapy.
- The nature of this research design ensured that the research focused on participant experience rather than the gender, sexuality, experience or religion of the couples therapist. Indeed, all identifying features of the participants' therapists have been removed, as has their therapeutic modality if revealed by the

participant. My findings therefore should not be read or taken as evidence of any of these factors.

- This research only addresses the perspectives of the male participants and not their partners or couples therapist(s).
- Lack of comparable research means I cannot assess my findings in the context of other published literature.

### **6.11 Additional validity and reflexivity**

Clearly, the validity of my findings needs consideration due to the lack of comparable literature. Indeed, where my findings do intersect with published literature, they are predominantly at odds with this and with the broader socio-political narrative around heterosexual cisgender men. As discussed in the opening section of this discussion, it is difficult to offer an adequate explanation for the contradictory findings without entering into the realms of supposition. Certain speculative explanations can be offered in terms of research design and aim. However, the fact that this research aimed to explore the experience of the male client from their perspective rather than the published expert's stance seems to be the most feasible causal factor. That being said, it is important to consider the impact of the chosen phenomenological method, and specifically IPA, as well as further examining my reflexive process and bias as a researcher.

As discussed in section 'Research design, Hermeneutic phenomenology and IPA', phenomenological research aims to shine a light on the experience of participants. Indeed, it is used to explore topics that are less understood, known or researched to help to bring new knowledge into awareness.

There have been criticisms of IPA research, as discussed in 'Research design, Criticisms of IPA' and it is worth considering whether these criticisms explain why the research findings are at odds with the literature and societal tropes. The findings presented, with the

exception of communication, were not expected or anticipated before starting this research and some, such as care and awareness, only emerged during the process of immersion in the recordings, after the research interviews had been completed, transcribed and initially coded. Indeed, as discussed below, some of the themes were a surprise to me, particularly as some challenged my own bias towards heterosexual men. Arguably, this adds to the validity of this research, as does the fact that much of the literature review was produced post-interview and theming. To allow the reader to assess, understand and question whether the themes presented are an accurate reflection of what the participant described, the findings are illuminated with extensive and, in some areas, lengthy sections of verbatim.

Of course, it could be argued that elements of these themes are opinions, in line with a common criticism of IPA, as detailed in section 'Research design, Criticisms of IPA'. Indeed, these opinions could be argued to be both the participants' in relation to aspects of their experiences and also embedded within my attempt as researcher to make sense of the participants' descriptions of their experience – the double hermeneutic (Giddens, 2010; Heidegger, 1962b). This is explicitly acknowledged: a participant commenting on decor is clearly his opinion. However, the fact that this made him feel uncomfortable in the therapy space is his meaning. As an interpreting researcher, I posit that spaces that are not deemed appropriate for multiple genders can result in individuals feeling less welcome, therefore less at home, and therefore less comfortable, which means, for the participants, getting used to the therapy space and becoming comfortable may take longer than if the decor were more gender-neutral from the participant perspective.

A further criticism of IPA is that participants may or may not be fluent enough to describe their feelings and emotions. This is explicitly not my sense with regards to this set of participants. The use of a homogenous dataset has resulted in themes that are both clear and challenging, that also contain perspectives that are nuanced and individual, that at times complement and contradict the overall theme described. This does not mean the findings are littered with rogue or discountable experiences, simply that the findings aim to describe

and capture the essences of individual and/or collective experiences that are worthy of consideration and documentation; the aim of this research is to shine a light on experiences and not to make rules or produce theories that are scalable and applicable to all, or indeed anyone, in their entirety.

It should be stated that staying with phenomena rather than the narrative of the clients proved challenging during initial analysis. When immersed in the verbatim and audio recordings during the initial theming period, it became clear that I had assembled experiences chronologically i.e., what caused the problem, who decided to go to therapy, how the first appointment was made, what it was like to be in the therapy room for the first time through to how did therapy end. Aware of this, I stopped theming before re-immersing myself in the data and rearranging by experience. My view is that working with phenomena meant that clearer meanings emanated from the data. This was challenging as I became aware of how at odds these findings were with the literature and general societal tropes surrounding men. At times during analysis I resented my participants for not being as prescribed by society and the literature; at times the emerging themes challenged my own bias and assumptions, which was perplexing and challenging. An example of this relates to discovering that most of the participants had evaluated the gender of the therapist, factored in their partners' perceived view of gender, and made an active decision to opt for a certain gender of therapist as a way of stacking the odds more in their own favour. It astounded me. As a gay man, I had never considered that heterosexual men would be so aware, making tactical decisions on how to proceed. Indeed, I had evidently believed some societal tropes that gay men were more reflective and in touch with their feelings than heterosexual men despite us sharing the same sex organs and gender. Clearly, I had a significant blind spot in my Johari window (S. Davies, 2014). Ultimately, it was important to me that my findings represented the experience of my participants and my fear was that being true to the emergent themes carried the risk that they could be dismissed because they were so at odds with the dominant cultural perception of men.

My knowledge and bias and presuppositions are not automatically a weakness – they become a weakness if they are hidden. Thus, I have been prepared to be honest in my disclosure throughout this study, aware that I was under as much scrutiny as my participants. Indeed, my own sexuality also caused me consternation throughout this process in terms of my ability and qualifications as a gay man to write about the experiences of heterosexual men. However, my own work with people who are questioning of their own gender and sexuality, as well as my own consideration of how I wanted to be as a man who was also gay, gave me an awareness of gender that, upon reflection, may have benefited this research.

My own view on phenomenological research is that it brutally identifies salient aspects of experience. The themes identified in the findings section would benefit from additional research, including narrative research to shine a light on participants' stories and also discourse analysis to identify patterns of behaviour within the triad of couple and therapist.

## 7 CONCLUSIONS

### 7.1 Overarching conclusion

Despite experiencing therapy in different settings with different couples therapists around the UK, the participants described common concerns surrounding being a heterosexual cisgender man in couples therapy. These concerns also reflected issues that many of them were experiencing in their relationship in terms of communication, feeling unwanted and feeling misunderstood. The participants tended to report that therapy was focused on the concerns, agenda and feelings of their female partner, with their own experience either diminished or not explored at all. This concurs with a literature review that revealed no research from the perspective of the cisgender heterosexual man and only five articles between 1991 and 2017 focusing on men in couples therapy, albeit from the perspective of expert rather than client. In mitigation, many general couples therapy texts do advocate a gender-neutral stance from the couples therapist, a stance that unfortunately was not always evident in the perception of this study's participants.

The significant finding when the individual themes are considered as a whole relates to an invisibility of the impact of gender for heterosexual cisgender men in both society and therapy. This does not mean that the individual themes, summarised below, are not valid, simply that the overarching issue is the lack of diversity in societal discourse, which therapy and philosophy texts fail to challenge or explore.

It almost seems trite to posit that a phenomenon can only be explored once it is known, yet most therapists, academics, as well as the wider population, know that gender roles and expectations are changing and that heterosexual cisgender men are under pressure and are not fine: increased suicide, increased medication, shorter life expectancy, lack of contact with children post-separation and vilification in the media are but a few of the issues. The fact that many cisgender heterosexual men are caring, hardworking and responsible seems to have become lost in therapeutic discourse and research.

Furthermore, aspects of existential philosophies such as Sartre's "existence precedes essence" (Sartre, 1948, p. 33) or de Beauvoir's "One is not born, but rather becomes, a woman" (Beauvoir & Parshley, 1962, p. 249) are as problematic as Heidegger's theory that ontology is genderless (Heidegger, 1953, pp. 171-172) when considering gender today. In reality, we are thrown into a world which has fairly rigid gender schemas, meaning that we are taught how to behave by our primary carers according to our sex organs. Many of us automatically adopt these behaviours, sometimes willingly, sometimes through coercion. However, gender is complex and gender roles are changing. Studies of trans people and sexualities other than cisgender heterosexual tend illuminate the richness, uniqueness and fluidity of gender and sexuality, which such contrasts starkly with the one-dimensional, fixed views of heterosexual cisgender men prevalent in therapeutic literature. This reductive stance towards such men seems incongruent with the actual experience of being-in-the-world with so many caring, thoughtful, kind and dependable men who in reality are good fathers, husbands, partners, clients and/or therapists.

This study therefore finds that the therapy and counselling profession needs to afford the same level of non-*maleficence*, beneficence and research effort to heterosexual cisgender men as is afforded to people of other genders and sexualities.

## **7.2 The detail**

The *Awareness* theme describes how the participants attributed their major influencer in being a man to their parents and, in particular, their father or male primary carer. The selection of a couples therapist was based on gender, with a general preference for non-male therapists emerging, which appeared to be linked to the participant's view of how the gender dynamic might or might not affect the therapeutic outcome. Other factors such as the perceived gender bias of some couples therapist emerged, as did a clear awareness of the societal movement towards gender equality, a phenomenon that was widely supported

despite some manifestations of participant confusion and resentment around how this did or did not relate to their own intimate relationship.

*Heterosexual men in relationship* describes experiences of being solely blamed for the problems in their relationships by some partners and some couples therapists. In addition, a picture of a group of men who felt generally unwanted, unloved and relatively lonely emerged from the findings, which was absent in the literature. Loneliness was attributed by the participants to factors such as career choice, relocation closer to their partner's family and general pressures of modern life. The use of language and descriptors that could be perceived as misandristic was found in some parts of the background literature, literature review and in participants' perspectives.

The *Care* theme described how much the participants seemed to care for their relationship, with over half of the participants reporting that they had suggested couples therapy, in contradiction to the literature, which seemed to suggest most men are resistant to therapy. Three participants described how they would like to look after their relationship in a similar way to how they looked after their cars, using the analogy of having a regular MOT rather than waiting for a breakdown. Care was also afforded by many of the participants towards themselves as well as towards their loved ones. Overall, there seems to be somewhat of a contrast between the care the participants described towards others and the lack of care they seemed to experience from others, manifesting in being lonely and feeling unloved, as described above.

*Communication* describes a reported difference for the participants in their experience of how people of different genders communicate. In addition, some participants felt that some therapists as well as their partners at times used another language to themselves. This coincided with aspects of the literature, as did a perception that men are viewed as communicating less effectively than their female counterparts. Communicating anger was widely described as being problematic, both in their relationships and in therapy. My experience of the participants' communication was that it was good, particularly when they



were afforded the space and time to consider their responses to questions, something that is easier to achieve in one-to-one scenarios.

The *Space and time* theme describes the dichotomous 'now and then' sense of masculinity as well as the pressures of modern life, compounded for some men by attending therapy during business hours in locations closer to home than work. A clear sense emerged of how the couples therapy setting affected the participants' feelings of being comfortable in therapy, as did a general view that the 'normal' heterosexual man is not generally represented in couples therapy marketing, meaning some participants felt unsure if couples therapy was relevant to them.

*Acceptatio Fati* describes a sense of acceptance without challenge of being a cisgender, heterosexual man, which seeped out of the whole dataset and, in particular, when immersed in interview recordings. It reflects the complicit way many people accept labels and is a reworking of the Nietzschean concept of Amor Fati.

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## 9 APPENDICES

## Appendix 1. Application for ethical clearance

Middlesex University, Department of Psychology

### REQUEST FOR ETHICAL APPROVAL (STUDENT)

*Applicant (specify):* DProf in Existential Psychotherapy

*Date submitted:* 14 February 2016

<b>Research area (please circle)</b>			
Clinical	Cognition + Emotion	Developmental	Forensic
Occupational	Psychophysiological	Social	Sport + Exercise
Other <u>Counselling &amp; Psychotherapy</u>		Sensitive Topic <input type="checkbox"/>	
<b>Methodology:</b>			
Empirical/Experimental	Questionnaire-based	<u>Qualitative</u>	Other _____
<p><b>No study may proceed until this form has been signed by an authorised person indicating that ethical approval has been granted.</b> For collaborative research with another institution, ethical approval must be obtained from all institutions involved.</p> <p>This form should be accompanied by any other relevant materials (e.g. questionnaire to be employed, letters to participants/institutions, advertisements or recruiting materials, information and debriefing sheet for participants<sup>1</sup>, consent form<sup>2</sup>, including approval by collaborating institutions).</p>			
<ul style="list-style-type: none"> <li>Is this the first submission of the proposed study? Yes/<u>No</u></li> <li>Is this an amended proposal (resubmission)? <u>Yes</u>/No <i>Psychology Office: If YES, please send this back to the original referee</i></li> <li>Is this an urgent application? (To be answered by Staff/Supervisor only)<sup>1</sup> Yes/<u>No</u></li> </ul> <p>Supervisor to initial here _____</p>			
<u>Name(s) of investigator</u>		Mark St.John Paget	
<u>Name of Supervisor (s)</u>		Dr Niklas Serning, Catriona May	
<u>Title of Study:</u>		A phenomenological inquiry into heterosexual men's experience of gender identity in couples therapy	
<u>Results of Application:</u>			
<b>REVIEWER – please tick and provide comments in section 5:</b>			
APPROVED	APPROVED SUBJECT TO AMENDMENTS	APPROVED SUBJECT TO RECEIPT OF LETTERS	NOT APPROVED

<sup>1</sup> See Guidelines on MyUnihub

## SECTION 1

<p>1. Please attach a brief description of the nature and purpose of the study, including details of the procedure to be employed. Identify the ethical issues involved, particularly in relation to the treatment/experiences of participants, session length, procedures, stimuli, responses, data collection, and the storage and reporting of data.</p> <p style="text-align: center;"><b>SEE ATTACHED PROJECT PROPOSAL</b></p>											
<p>2. Could any of these procedures result in any adverse reactions? If “yes”, what precautionary steps are to be taken?</p> <p style="text-align: center;"><b>PLEASE SEE ATTACHED DEBRIEFING SHEET</b></p>	<p><b><u>YES/NO</u></b></p>										
<p>3. Will any form of deception be involved that raises ethical issues? <i>(Most studies in psychology involve mild deception insofar as participants are unaware of the experimental hypotheses being tested. Deception becomes unethical if participants are likely to feel angry, humiliated or otherwise distressed when the deception is revealed to them).</i></p> <p><u>Note:</u> if this work uses existing records/archives and does not require participation per se, tick here ..... and go to question 10. (Ensure that your data handling complies with the Data Protection Act).</p>											
<p>4. If participants other than Middlesex University students are to be involved, where do you intend to recruit them? <i>(A full risk assessment <u>must</u> be conducted for any work undertaken off university premises)<sup>6,7</sup></i></p> <p><b>Participants will be recruited from various sources including word-of-mouth, online forums for men, couples therapists and the BACP research noticeboard. In addition I have approached Relate UK to ask if they would be willing to display posters in their waiting areas or by emailing previous male clients my poster information. The communication with Relate is attached to this submission.</b></p> <p><b>Further information is available in section 5.2 of the Project Proposal document</b></p> <p><b>Risk Assessment Attached</b></p>											
<p>5a. Does the study involve:</p> <table style="width: 100%;"> <tr> <td>Clinical populations</td> <td style="text-align: right;"><b><u>YES/NO</u></b></td> </tr> <tr> <td>Children (under 16 years)</td> <td style="text-align: right;"><b><u>YES/NO</u></b></td> </tr> <tr> <td>Vulnerable adults such as individuals with mental or physical health problems, prisoners, vulnerable elderly, young offenders?</td> <td style="text-align: right;"><b><u>YES/NO</u></b></td> </tr> <tr> <td>Political, ethnic or religious groups/minorities?</td> <td style="text-align: right;"><b><u>YES/NO</u></b></td> </tr> <tr> <td>Sexually explicit material / issues relating to sexuality</td> <td style="text-align: right;"><b><u>YES/NO</u></b></td> </tr> </table>		Clinical populations	<b><u>YES/NO</u></b>	Children (under 16 years)	<b><u>YES/NO</u></b>	Vulnerable adults such as individuals with mental or physical health problems, prisoners, vulnerable elderly, young offenders?	<b><u>YES/NO</u></b>	Political, ethnic or religious groups/minorities?	<b><u>YES/NO</u></b>	Sexually explicit material / issues relating to sexuality	<b><u>YES/NO</u></b>
Clinical populations	<b><u>YES/NO</u></b>										
Children (under 16 years)	<b><u>YES/NO</u></b>										
Vulnerable adults such as individuals with mental or physical health problems, prisoners, vulnerable elderly, young offenders?	<b><u>YES/NO</u></b>										
Political, ethnic or religious groups/minorities?	<b><u>YES/NO</u></b>										
Sexually explicit material / issues relating to sexuality	<b><u>YES/NO</u></b>										

<p>5b. If the study involves any of the above, the researcher may need CRB (police check)  Staff and PG students are expected to have CRB – please tick  UG students are advised that institutions may require them to have CRB  please confirm that you are aware of this by ticking here _____</p>	<b><u>YES/NO</u></b>
<p>6. How, and from whom (e.g. from parents, from participants via signature) will informed consent be obtained? <i>(See consent guidelines<sup>2</sup>; note special considerations for some questionnaire research)</i></p> <p><b>From the participants themselves – please see the attached Informed Consent Form</b></p>	
<p>7. Will you inform participants of their right to withdraw from the research at any time, without penalty? <i>(see consent guidelines<sup>2</sup>)</i></p>	<b><u>YES/NO</u></b>
<p><b>Please see Participant Information Sheet Attached</b></p>	
<p>8. Will you provide a full debriefing at the end of the data collection phase?  <i>(see debriefing guidelines<sup>3</sup>)</i></p> <p><b>Please see Debriefing Sheet Attached. Please note that the mobile number provided is a pay as you go number that will only be used for contact with participants and will be disconnected at the same time the data is destroyed. The names and details of the support organisations suggested may change. There will also be an opportunity for debriefing at the end of the interview.</b></p>	<b><u>YES/NO</u></b>
<p>9. Will you be available to discuss the study with participants, if necessary, to monitor any negative effects or misconceptions?  If "no", how do you propose to deal with any potential problems?</p>	<b><u>YES/NO</u></b>
<p>10. Under the Data Protection Act, participant information is confidential unless otherwise agreed in advance. Will confidentiality be guaranteed?  <i>(see confidentiality guidelines<sup>5</sup>)</i></p> <p>If "yes" how will this be assured <i>(see<sup>5</sup>)</i></p> <p><b>In summary, participants will be anonymised as explained in section 5.7 of the proposal and as described on the attached participant information sheet (PIS), as well as the security of data and encryption as also described on the PIS.</b></p> <p>If “no”, how will participants be warned? <i>(see<sup>5</sup>)</i></p> <p><i>(NB: You are not at liberty to publish material taken from your work with individuals without the prior agreement of those individuals).</i></p>	<b><u>YES/NO</u></b>

10. Are there any ethical issues that concern you about this particular piece of research, not covered elsewhere on this form?	<b><u>YES/NO</u></b>
<p>If “yes” please specify:</p> <p><b>Please see section 5.7 of the attached proposal. In addition, my PIS contains information relating to accrediting therapist bodies for in the event that participants wanted to discuss the therapy they had received further.</b></p>	
12. Is this research or part of it going to be conducted in a language other than English?	YES/ <b><u>NO</u></b>
If YES – Do you confirm that all documents and materials are enclosed here both in English and the other language, and that each one is an accurate translation of the other?	YES/NO

(NB: If “yes” has been responded to any of questions 2, 3, 5, 11, 12 or “no” to any of questions 7-10, a full explanation of the reason should be provided – if necessary, on a separate sheet submitted with this form).

**SECTION 2 (to be completed by all applicants – please tick as appropriate)**

13. Some or all of this research is to be conducted away from Middlesex University	<input type="checkbox"/>	<input type="checkbox"/>
If “yes” tick here to confirm that a Risk Assessment form has been submitted	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. I am aware that any modifications to the design or method of this proposal will require me to submit a new application for ethical approval	<input type="checkbox"/>	<input type="checkbox"/>
15. I am aware that I need to keep all the materials/documents relating to this study (e.g. consent forms, filled questionnaires, etc) until completion of my degree / publication (as advised)	<input type="checkbox"/>	<input type="checkbox"/>
16. I have read the British Psychological Society’s <i>Ethical Principles for Conducting Research with Human participants</i> and believe this proposal to conform with them.	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 3 (to be completed by STUDENT applicants and supervisors)**

Researcher: (student signature) \_\_\_\_\_ date \_\_\_\_\_

**INDEPENDENT FIELD/LOCATION WORK RISK ASSESSMENT FRA1**

*This proforma is applicable to, and must be completed in advance for, the following field/location work situations:*

1. All field/location work undertaken independently by individual students, either in the UK or overseas, including in connection with proposition module or dissertations. Supervisor to complete with student(s).
2. All field/location work undertaken by postgraduate students. Supervisors to complete with student(s).
3. Field/location work undertaken by research students. Student to complete with supervisor.
4. Field/location work/visits by research staff. Researcher to complete with Research Centre Head.
5. Essential information for students travelling abroad can be found on [www.fco.gov.uk](http://www.fco.gov.uk)

**FIELD/LOCATION WORK DETAILS**Name : **Mark PAGET**Student No **M00475223**

Research Centre (staff only)

Supervisor **Niklas SERNING & Mark JEPSON**

Degree course

**DProf in Existential Psychotherapy**

Telephone numbers and name of next of kin who may be contacted in the event of an accident

**NEXT OF KIN**

Name \*\*\*\*\*

Phone \*\*\*\*\*

**Physical or psychological limitations to carrying out the proposed field/location work**

NO.....

**Any health problems (full details)**  
Which may be relevant to proposed field/location work activity in case of emergencies.

NO.....

**Locality (Country and Region)**

MAINLAND ENGLAND.....

**Travel Arrangements**

PUBLIC TRANSPORT &amp; TAXIS.....

NB: Comprehensive travel and health insurance must always be obtained for independent overseas field/location work.

N/A.....

**Dates of Travel and Field/location work**

JANUARY 2016 ONWARDS.....

**PLEASE READ THE FOLLOWING INFORMATION VERY CAREFULLY**

**Hazard Identification and Risk Assessment**

List the localities to be visited or specify routes to be followed (**Col. 1**). For each locality, enter the potential hazards that may be identified beyond those accepted in everyday life. Add details giving cause for concern (**Col. 2**).

**Examples of Potential Hazards :**

Adverse weather: exposure (heat, sunburn, lightening, wind, hypothermia)

Terrain: rugged, unstable, fall, slip, trip, debris, and remoteness. Traffic: pollution.

Demolition/building sites, assault, getting lost, animals, disease.

Working on/near water: drowning, swept away, disease (weils disease, hepatitis, malaria, etc), parasites', flooding, tides and ran

Lone working: difficult to summon help, alone or in isolation, lone interviews.

Dealing with the public: personal attack, causing offence/intrusion, misinterpreted, political, ethnic, cultural, socio-economic differences/problems. Known or suspected criminal offenders.

Safety Standards (other work organisations, transport, hotels, etc), working at night, areas of high crime.

Ill health: personal considerations or vulnerabilities, pre-determined medical conditions (asthma, allergies, fitting) general fitness disabilities, persons suited to task.

Articles and equipment: inappropriate type and/or use, failure of equipment, insufficient training for use and repair, injury.

Substances (chemicals, plants, bio- hazards, waste): ill health - poisoning, infection, irritation, burns, cuts, eye-damage.

Manual handling: lifting, carrying, moving large or heavy items, physical unsuitability for task

**If no hazard can be identified beyond those of everyday life, enter 'NONE'.**

1. LOCALITY/ROUTE	2. POTENTIAL HAZARDS
Lone Interviewing	Risk of participant becoming agitated, angry or violent

*The University Field/location work code of Practice booklet provides practical advice that should be followed in planning and conducting field/location work.*

**Risk Minimisation/Control Measures**  
**CAREFULLY**

**PLEASE READ VERY**

For each hazard identified (**Col 2**), list the precautions/control measures in place or that will be taken (**Col 3**) to "reduce the risk to acceptable levels", and the safety equipment (**Col 5**) that will be employed.

Assuming the safety precautions/control methods that will be adopted (**Col. 3**), categorise the field/location work risk for each location/route as negligible, low, moderate or high (**Col. 4**).

**Risk increases with both the increasing likelihood of an accident and the increasing severity of the consequences of an accident.**

**An acceptable level of risk is:** a risk which can be safely controlled by person taking part in the activity using the precautions and control measures noted including the necessary instructions, information and training relevant to that risk. The resultant risk should not be significantly higher than that encountered in everyday life.

**Examples of control measures/precautions:**

Providing adequate training, information & instructions on field/location work tasks and the safe and correct use of any equipment, substances and personal protective equipment. Inspection and safety check of any equipment prior to use. Assessing individual's fitness and suitability to environment and tasks involved. Appropriate clothing, environmental information consulted and advice followed (weather conditions, tide times etc.). Seek advice on harmful plants, animals & substances that may be encountered, including information and instruction on safe procedures for handling hazardous substances. First aid provisions, inoculations, individual medical requirements, logging of location, route and expected return times of lone workers. Establish emergency procedures (means of raising an alarm, back up arrangements). Working with colleagues (pairs). **Lone working is not permitted where the risk of physical or verbal violence is a realistic possibility.** Training in interview techniques and avoiding /defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention. Interviews in neutral locations. Checks on Health and Safety standards & welfare facilities of travel, accommodation and outside organisations. Seek information on social/cultural/political status of field/location work area.

**Examples of Safety Equipment:** Hardhats, goggles, gloves, harness, waders, whistles, boots, mobile phone, ear protectors, bright fluorescent clothing (for roadside work), dust mask, etc.

If a proposed locality has not been visited previously, give your authority for the risk assessment stated or indicate that your visit will be preceded by a thorough risk assessment.

3. PRECAUTIONS/CONTROL MEASURES	4. RISK ASSESSMENT (low, moderate, high)	5. SAFETY/EQUIPMENT
Use of therapeutic skills to diffuse situation Interviews will be in hotel meeting rooms so people will be in the vicinity Notifying next of kin and primary supervisor at the start and end of every interview Carrying mobile phone	LOW	As I will be interviewing in public buildings they will have safety equipment such as fire extinguishers and alarms. They will also have indemnity insurance.

**PLEASE READ THE FOLLOWING INFORMATION AND SIGN AS APPROPRIATE**

**DECLARATION:** The undersigned have assessed the activity and the associated risks and declare that there is no significant risk or that the risk will be controlled by the method(s) listed above/over. Those participating in the work have read the assessment and will put in place precautions/control measures identified.

NB: Risk should be constantly reassessed during the field/location work period and additional precautions taken or field/location work discontinued if the risk is seen to be unacceptable.

<b>Signature of Field/location worker (Student/Staff)</b>	<b>Mark PAGET</b>	<b>Date</b>	.....
<b>Signature of Student Supervisor</b>	.....	<b>Date</b>	.....



**APPROVAL: (ONE ONLY)**

**Signature of**

**Director of Programmes**

(undergraduate students only)

**Date**

**Signature of Research Degree**

**Co-ordinator or**

**Director of Programmes**

**(Postgraduate)**

**Date**

**Signature of Research Centre**

**Head (for staff field/location**

**workers)**

**Date**

**FIELD/LOCATION WORK CHECK LIST**

1. Ensure that **all members** of the field party possess the following attributes (where relevant) at a level appropriate to the proposed activity and likely field conditions:
  - ☐ Safety knowledge and training?
  - ☐ Awareness of cultural, social and political differences?
  - ☐ Physical and psychological fitness and disease immunity, protection and awareness?
  - ☐ Personal clothing and safety equipment?
  - ☐ Suitability of field/location workers to proposed tasks?
2. Have all the necessary arrangements been made and information/instruction gained, and have the relevant authorities been consulted or informed with regard to:
  - ☐ Visa, permits?
  - ☐ Legal access to sites and/or persons?
  - ☐ Political or military sensitivity of the proposed topic, its method or location?
  - ☐ Weather conditions, tide times and ranges?
  - ☐ Vaccinations and other health precautions?
  - ☐ Civil unrest and terrorism?
  - ☐ Arrival times after journeys?
  - ☐ Safety equipment and protective clothing?
  - ☐ Financial and insurance implications?
  - ☐ Crime risk?
  - ☐ Health insurance arrangements?
  - ☐ Emergency procedures?
  - ☐ Transport use?
  - ☐ Travel and accommodation arrangements?

**Important information for retaining evidence of completed risk assessments:**

Once the risk assessment is completed and approval gained the **supervisor** should retain this form and issue a copy of it to the field/location worker participating on the field course/work. In addition the **approver** must keep a copy of this risk assessment in an appropriate Health and Safety file.

## Appendix 2. Confirmation of ethical approval

Mark Paget



9<sup>th</sup> March 2016

Dear Mark

**Re: Ethics Approval**


We held an Ethics Board on 8<sup>th</sup> March 2016 and the following decisions were made.

**Ethics Approval**

Your application was approved.

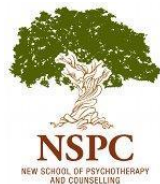
Please note that it is a condition of this ethics approval that recruitment, interviewing, or other contact with research participants only takes place when you are enrolled in a research supervision module.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Digby Tantam'.

**Prof Digby Tantam  
Chair Ethics Committee  
NSPC**

### Appendix 3. Participant information sheet



*By Mark Paget as a requirement for a DProf  
from NSPC and Middlesex University*



**NSPC Limited**  
**61-63 Fortune Green Rd**  
**London**  
**NW6 1DR**

Dear

***A phenomenological inquiry into heterosexual men's experience of gender identity in couples therapy.***

You are being invited to take part in a research study. Before you decide to participate, it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take your time to decide whether or not you wish to take part.

I am a member of the British Association for Counselling and Psychotherapy (BACP Membership No 719068) and am obliged to follow 'The BACP Ethical Guidelines for researching Counselling and Psychotherapy' (Bond, 2004). In addition, this research will be carried out in accordance with the ethical requirements of NSPC Limited, the ESRC Framework of Middlesex University and the British Psychological Society 'Code of Human Research Ethics' (BPS, 2010).

**What is the purpose of the research?**

This study is being carried out as part of my studies at NSPC Ltd and Middlesex University. Statistics published in December 2012 estimate that 42% of marriages in England and Wales end in divorce. In addition, couples cohabiting that are not married amounted to 5.9 million people in the UK in 2012, which is double the 1996 figure. While research exists into the experience of therapists and female participants in couples therapy, little is known about the experience of the male partner. My study is designed to explore what couples therapy is like for the heterosexual male participant. You are being asked to participate because you have replied to my advertisement for heterosexual British middle-class men who have experience couples therapy with for at least six weeks in the last two years. The couples therapy should not be on-going and must have finished at least three months ago.

What will happen to me if I take part?

I would like to interview you initially in person for about one hour. This interview will be structured around your experience in couples therapy and will be conducted in a hotel meeting room at a convenient location to you. The interview will be audio recorded and then transcribed within seven days. You will be offered a copy of the transcript of the interview to review. The transcript(s) will be analysed using a qualitative research method called Interpretative phenomenological analysis (IPA).

What will you do with the information that I provide?

I will be recording the interview with a digital audio recorder, and will transfer the files to an encrypted hard disk drive that complies with Advanced Encryption Standard (AES) with individual file level complex password protection. The recordings will then be deleted from the recorder. All of the information that you provide me will be identified only with a project code and stored either on the encrypted hard disk drive or in a locked filing cabinet. I will keep the key that links your details with the project code in a separate password protected electronic file.

Another person will transcribe the interview recording. To protect your identity, I will therefore not use your full or last name in the interview to ensure the person transcribing the interview will not know who you are.

The information will be kept at least until 6 months after I graduate, and will be treated as confidential. If my research is published, I will make sure that neither your name nor other identifying details are used.

Data will be stored according to the Data Protection Act and the Freedom of Information Act.

What are the possible disadvantages of taking part?

In the interview, I shall be asking you about your experience of being male in couples counselling. This may bring back memories and emotions that are difficult. If this happens, please let me know, and if you wish, I will stop the interview. In addition, you will have access to the digital audio recorder and will be shown how to switch it off prior to the interview commencing.

As stated at the start of this information sheet, I am bound to work to the British Association of Counselling and Psychotherapy (BACP) and UK Council for Psychotherapy (UKCP) Code of Ethics and Good Practice.

This means that the following exceptions can be made to confidentiality:

1. Where you give consent for confidence to be broken, for example to request a referral to a therapist or support organisation.

1. Where the information 'is of such gravity that confidentiality cannot be maintained' i.e. in cases of fraud, terrorism, crime and drug trafficking, child protection issues.
2. Where there is a risk of self-harm or suicidal intent or a risk of harm to others.
3. Where I am compelled to by statute or a court order.

What are the possible benefits of taking part?

Being interviewed about your experience has no direct benefit, although some participants may have a chance to reflect on their situation, which, they could find beneficial as well as helping others.

Consent

You will be given a copy of this information sheet for your personal records, and if you agree to take part, you will be asked to sign the attached consent form before the study begins.

Participation in this research is entirely voluntary. You do not have to take part if you do not want to. If you decide to take part you may withdraw at any time without giving a reason.

Who is organising and funding the research?

This research project is self-funded and for the award of DProf in Existential Psychotherapy by NSPC Limited and Middlesex University.

Who has reviewed the study?

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC research ethics sub-committee have approved this study

**Thank you for reading this information sheet.**

**If you have any further questions, you can contact me at:**

*Mark Paget, NSPC Ltd. 61-63 Fortune Green Road, London, NW6 1DR*  
07436 537814 [MP1174@live.mdx.ac.uk](mailto:MP1174@live.mdx.ac.uk)

**If you any concerns about the conduct of the study, you may contact my supervisor:**

*Dr Niklas Serning, NSPC Ltd. 61-63 Fortune Green Road, London, NW6 1DR*  
+44 (0) 207 435 8067

Or *The Principal, NSPC Ltd. 61-63 Fortune Green Road, London NW6 1DR*  
+44 (0) 207 435 8067 [Admin@nspc.org.uk](mailto:Admin@nspc.org.uk)

## Appendix 4. Written informed consent sheet



### Information about a research project:

*A phenomenological inquiry into heterosexual men's experience of gender identity in couples therapy.*

*By Mark Paget as a requirement for a DProf from NSPC and Middlesex University*



**Middlesex  
University**

### Written Informed Consent

**Title of study** A phenomenological inquiry into heterosexual men's experience of gender identity in couples therapy

**Researcher** Mark Paget

**Supervisor** Dr Niklas Serning

*Please circle*

*I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant*

Yes / No

*I have been given contact details for the researcher in the information sheet*

Yes / No

*I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.*

Yes / No

*I further understand that the data I provide may be used for analysis and subsequent publication, and provide my consent that this might occur*

Yes / No

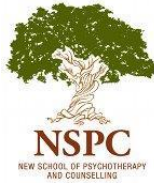
\_\_\_\_\_  
**Print name**

\_\_\_\_\_  
**Sign Name**

\_\_\_\_\_  
**Date**

**To the participants:** Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Social Sciences Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits ☐

## Appendix 5. Participant debriefing sheet



### Information about a research project:

*A phenomenological inquiry into heterosexual men's experience of gender identity in couples therapy with a female therapist.*

*By Mark Paget as a requirement for a DProf from NSPC and Middlesex University*



### Debriefing sheet

Thank you very much for your valuable contribution to this study. During the interview you will have had the opportunity to discuss anything that has come up for you during our exploration of your experience.

Two weeks post interview you will also be contacted (unless you say otherwise) by the researcher to ensure that nothing further in the light of our meeting has caused you any concern.

Should you feel the need or if you wish, there is an opportunity for you to engage in personal therapy. Details of the therapists are provided below and you can choose either to refer yourself or be referred directly by the researcher. A list of support groups and organisations is also provided below as well as contact details for accrediting therapist bodies should you wish to explore or discuss the sort of therapy you received.

If following the interview you feel concerned by what you have shared, please don't hesitate to contact me via email at **MP1174@live.mdx.ac.uk**

#### List of therapists:

<http://www.itsgoodtotalk.org.uk/>  
<http://existentialanalysis.org.uk/find-a-therapist/existential-therapists-uk/>  
<http://members.psychotherapy.org.uk/findATherapist>

#### List of support groups and organisations:

<http://www.mensmindsmatter.org/>  
<http://www.mankindcounselling.org.uk/index.php>  
<http://www.fatherhoodinstitute.org/>  
<http://www.relate.org.uk/>

#### List of therapist accrediting bodies:

<a href="http://www.ukcp.org.uk">http://www.ukcp.org.uk</a>	020 7014 9955	<a href="mailto:info@ukcp.org.uk">info@ukcp.org.uk</a>
<a href="http://www.bacp.co.uk">http://www.bacp.co.uk</a>	01455 883377	<a href="mailto:bacp@bacp.co.uk">bacp@bacp.co.uk</a>
<a href="http://www.bps.org.uk">http://www.bps.org.uk</a>	0116 254 9568	<a href="mailto:enquiries@bps.org.uk">enquiries@bps.org.uk</a>

Thank you once again for helping with this research.

#### Contact Details:

Mark Paget  
NSPC, 61-63 Fortune Green Rd, London, NW6 1DR  
\*\*\*\*\* [MP1174@live.mdx.ac.uk](mailto:MP1174@live.mdx.ac.uk)

## Appendix 6. Initial coding overview

Color	Parent code	Code
•		awareness
•		being with me
•		care
•		communication
•		gender roles
•		groups
•		his relationships
•		how he views himself
•		key people
•		Misandry - dislike of, contempt for, or ingrained prejudice aga
•		Their Therapist
•		Their therapy
•	abusive	high energy
•	being taken for granted	neglected
•	care	care for the therapist
•	care	carer
•	care	checking we are ok
•	care	did something because he cares
•	care	he is caring for me
•	care	who cares for him?
•	communication	arguments change communication style
•	communication	being heard
•	communication	body language
•	communication	communcation style
•	communication	communicating with men
•	communication	difficulty in communication language
•	communication	gender differences in communication
•	communication	how women communicate
•	communication	language
•	communication	learning to communicate
•	communication	Male is less articulate than female
•	communication	masculine metaphors
•	communication	non communication
•	communication	non verbal communication
•	communication	not being listened to
•	communication	passive agressive
•	communication	shout shouting



●	communication	therapists use a different language
●	emotions	annoyed
●	emotions	blame fault
●	emotions	challenge / challenging
●	emotions	confusion
●	emotions	emotional
●	emotions	emotions at work
●	emotions	frustration
●	emotions	happy
●	emotions	in touch with emotions
●	emotions	insecure
●	emotions	love
●	emotions	regret
●	emotions	sadness
●	emotions	shocked surprised
●	emotions	tenderness
●	emotions	unhappy
●	emotions	upset
●	equality	double standards
●	equality	feminism
●	equality	partner likes best of both worlds - men providing but equality
●	equality	politically correct
●	equality	power imbalance between genders
●	feelings	anger aggression
●	feelings	being taken for granted
●	feelings	embarrassing
●	feelings	envious
●	feelings	expectation
●	feelings	failure
●	feelings	honest / truth
●	feelings	jealousy
●	feelings	judged
●	feelings	judgemental
●	feelings	resentment
●	feelings	shame
●	first session	first session is a fact find
●	gender of therapist	comfortable with female therapist
●	gender of therapist	female therapist would be less biased
●	gender of therapist	male therapist might have been useful
●	gender of therapist	male therapist would be less empathic
●	gender of therapist	partner wanted female therapist

●	gender of therapist	partner wanted male therapist
●	gender of therapist	prefers female therapist
●	gender of therapist	therapist experience more important than gender
●	gender roles	blurred gender roles
●	gender roles	changes to masculinity
●	gender roles	domestic chores
●	gender roles	equality
●	gender roles	gender
●	gender roles	gender role strain
●	gender roles	gender tropes
●	gender roles	masculinity
●	gender roles	role reversal
●	gender roles	Traditional v new age masculinity
●	gender roles	view of female roles
●	gender roles	view of male roles
●	gender roles	view of roles in relationship
●	gender roles	what a man is
●	gender roles	what a man isnt
●	gender roles	what a woman is
●	groups	feeling part of a group
●	his relationships	abused
●	his relationships	abusive
●	his relationships	admires authenticity
●	his relationships	affection
●	his relationships	always the mans fault
●	his relationships	apprehensive
●	his relationships	arguments over petty things
●	his relationships	assumed
●	his relationships	assuming i had asked about her not him
●	his relationships	avoid confrontation
●	his relationships	avoidant
●	his relationships	becoming one person
●	his relationships	being a cash cow
●	his relationships	being disrespected
●	his relationships	being dominated
●	his relationships	being out numbered at home
●	his relationships	being punished
●	his relationships	being vulnerable
●	his relationships	belonging
●	his relationships	breaking the pattern of upbringing
●	his relationships	changing attraction

●	his relationships	compromised
●	his relationships	defers to partner
●	his relationships	differing standards with partner
●	his relationships	do the right thing
●	his relationships	doesn't want to be like his dad
●	his relationships	family history
●	his relationships	fanning the flames
●	his relationships	fault
●	his relationships	fear of being judged
●	his relationships	generational
●	his relationships	his relationship with women
●	his relationships	house husband
●	his relationships	intellectualisation
●	his relationships	keeping up appearances
●	his relationships	key to happy marriage
●	his relationships	long term relationships are good
●	his relationships	man sabotaging therapy
●	his relationships	manipulation
●	his relationships	men as oppressors
●	his relationships	men inept, women adept
●	his relationships	more comfortable around women
●	his relationships	needy
●	his relationships	negativity not allowed
●	his relationships	nervous around men
●	his relationships	neutral non-judgemental
●	his relationships	not allowed to say - editing himself
●	his relationships	not having balls
●	his relationships	only child
●	his relationships	only positive allowed
●	his relationships	open
●	his relationships	openesss
●	his relationships	out of control
●	his relationships	out-numbered
●	his relationships	Paraphrases
●	his relationships	parental roles
●	his relationships	parents communication style
●	his relationships	parents relationship traditional
●	his relationships	partner found communication difficult
●	his relationships	partner more understanding
●	his relationships	partner negative
●	his relationships	partner stopped access to child

●	his relationships	partner was more of a friend to children
●	his relationships	partner went first
●	his relationships	partners expectations of him
●	his relationships	perfect husband
●	his relationships	power imbalance
●	his relationships	private
●	his relationships	process not content
●	his relationships	Relate
●	his relationships	relationship had always been difficult
●	his relationships	relationship with children
●	his relationships	resistant
●	his relationships	responsibility for the relationship
●	his relationships	speed of gender role change
●	his relationships	talking about relationship partner not allowed
●	his relationships	the media
●	his relationships	their relationship
●	his relationships	too much to loose
●	his relationships	unfamiliar territory
●	his relationships	unsure of feelings
●	his relationships	unsure of the relationship
●	his relationships	used to female company
●	his relationships	view of marriage
●	his relationships	view of partner
●	his relationships	walks away from conflict
●	his relationships	weariness
●	his relationships	what he found attractive about his partner/wife
●	his relationships	what his wife/partner finds attractive
●	his relationships	wife close to family
●	his relationships	wife different to mother
●	his relationships	women are more empathic
●	his relationships	womens feelings are stronger than mens
●	his relationships	you cant define a typical relationship
●	how found a therapist	google facebook online
●	how found a therapist	recommended
●	how found a therapist	who called the therapist
●	how found a therapist	who found therapist
●	how he views himself	being a parent
●	how he views himself	denial of who he is
●	how he views himself	do
●	how he views himself	failure as provider
●	how he views himself	feeling different to norm

●	how he views himself	feeling good about himself
●	how he views himself	her need greater than mine
●	how he views himself	inadequate
●	how he views himself	lack of confidence in himself to hold relationship together
●	how he views himself	less than
●	how he views himself	not feeling like a man
●	how he views himself	personal therapy
●	how he views himself	realising he was loved
●	how he views himself	self-esteem
●	how he views himself	selfless
●	how he views himself	sexuality
●	isolation	displaced
●	key people	children
●	key people	family
●	key people	friends
●	key people	grandparents
●	key people	parents
●	key people	partners family
●	key people	role model
●	key people	stepdad
●	key people	upbringing
●	key people	views of parents relationship
●	key people	work was supportive
●	missed by therapist	power imbalance with therapist
●	missed by therapist	therapist missed the point
●	money	financially dependent
●	money	financially tied
●	multiple therapists	voice
●	parents	father
●	parents	impact of parents relationship
●	parents	mother
●	partners family	different backgrounds
●	partners family	partners father
●	partners family	partners mother
●	power imbalance	power
●	problems	affair unfaithful
●	problems	alcohol drugs
●	problems	anesthetised
●	problems	arguments
●	problems	culture
●	problems	culture religion

●	problems	deceit
●	problems	didnt cherish partner enough
●	problems	domestic violence
●	problems	isolation
●	problems	loss
●	problems	modern life
●	problems	money
●	problems	parent relationship affecting his relationship
●	problems	time
●	relationship now	talking is a relief
●	single codes	admiration
●	single codes	adversarial
●	single codes	burden
●	single codes	cant do it alone
●	single codes	change causes problems
●	single codes	changes to femininity
●	single codes	choice
●	single codes	codependent
●	single codes	collude
●	single codes	comfort
●	single codes	complacent
●	single codes	confidence
●	single codes	confidence denting
●	single codes	contribution
●	single codes	controlling
●	single codes	couldnt be himself
●	single codes	courage
●	single codes	cynicism
●	single codes	defensive
●	single codes	denial
●	single codes	desire to be civil
●	single codes	desire to be seen together
●	single codes	desire to run
●	single codes	determination
●	single codes	different work pressures cause problems
●	single codes	disbelief
●	single codes	disbelief at his behaviour
●	single codes	discrimination
●	single codes	distraught
●	single codes	effect on him of his behaviour - shocked?
●	single codes	effectively living separately

●	single codes	expected to pay
●	single codes	exploration of problems
●	single codes	fear of partner leaving him
●	single codes	final thoughts
●	single codes	fixed stuck
●	single codes	good father = good man
●	single codes	good person
●	single codes	growing apart
●	single codes	guilt
●	single codes	having sisters means he is comfortable about women
●	single codes	hesitant
●	single codes	hindsight
●	single codes	his relationship with men
●	single codes	his stresses / problems
●	single codes	hope
●	single codes	how men communicate
●	single codes	humour
●	single codes	hurt
●	single codes	identity crisis
●	single codes	independent
●	single codes	intrusive
●	single codes	jolting
●	single codes	keeping the show on the road
●	single codes	life as a single man
●	single codes	life stages
●	single codes	loses hope
●	single codes	losing both ways
●	single codes	loss of identity
●	single codes	ma
●	single codes	male role valued over female
●	single codes	medication
●	single codes	men get a rough deal
●	single codes	morals
●	single codes	neutralised
●	single codes	not allowed to have these feelings so not communicated
●	single codes	other factors
●	single codes	patronised
●	single codes	peer pressure / fitting in
●	single codes	performance
●	single codes	personality clash
●	single codes	power struggle

●	single codes	presents as perfect on the outside - dual life
●	single codes	previous relationships
●	single codes	probation
●	single codes	public to private persona
●	single codes	puts partner first
●	single codes	raised voices / shouting
●	single codes	ready to burst
●	single codes	recommendation
●	single codes	reflective
●	single codes	rejected
●	single codes	relationship was important
●	single codes	repressed
●	single codes	responsible
●	single codes	secrets
●	single codes	setting boundaries
●	single codes	sexism
●	single codes	sexual attraction towards therapist
●	single codes	sibling
●	single codes	so uncomfortable communicating emotions makes him squirm
●	single codes	societal pressure to be in a relationship
●	single codes	struggling with feelings
●	single codes	support
●	single codes	supportive
●	single codes	taught him how to do relationships
●	single codes	tempted to avoid
●	single codes	there to learn
●	single codes	trapped
●	single codes	trust
●	single codes	undermined
●	single codes	understanding partners position
●	single codes	unfair
●	single codes	values
●	single codes	weak
●	their relationship	protective of partner
●	Their Therapist	deferring to therapist
●	Their Therapist	missed by therapist
●	Their Therapist	multiple therapists
●	Their Therapist	therapeutic technique
●	Their Therapist	Therapist neutrality
●	Their Therapist	therapist personal disclosure
●	Their Therapist	view of therapist



●	Their therapy	adjudicator
●	Their therapy	after sessions
●	Their therapy	being in the room
●	Their therapy	contracting
●	Their therapy	first session
●	Their therapy	gender of therapist
●	Their therapy	how found a therapist
●	Their therapy	invested in process - sub theme of reasons / how they view?
●	Their therapy	MOT preventative
●	Their therapy	Reason for couples therapy
●	Their therapy	relationship now
●	Their therapy	separate sessions
●	Their therapy	therapy focus on woman
●	Their therapy	therapy outcome
●	Their therapy	therapy setting
●	Their therapy	therapy skimmed over
●	Their therapy	time waiting for therapy to start
●	Their therapy	validating
●	Their therapy	view of going to therapy
●	Their therapy	what is therapy
●	Their therapy	who ended therapy
●	Their therapy	who suggested couples therapy
●	Their therapy	who they told about therapy
●	therapeutic technique	the aim of the therapist
●	therapeutic technique	therapy didnt cover gender role
●	therapeutic technique	therapy technique is based on staying together
●	therapeutic technique	what therapist did
●	Therapist neutrality	belittled by therapist
●	Therapist neutrality	Bias and balance
●	Therapist neutrality	his problems trivialised
●	Therapist neutrality	judgement by therapist stopped couple attending
●	Therapist neutrality	partner was given more time/sessions
●	Therapist neutrality	partners behaviour not questioned
●	Therapist neutrality	problems in relationship his fault
●	Therapist neutrality	started before he arrived
●	Therapist neutrality	therapist congruence
●	Therapist neutrality	therapist disbelief
●	Therapist neutrality	therapist had preconceptions
●	Therapist neutrality	they feel the look of therapist towards partner - attuned?
●	therapist personal disclosure	unable to be honest in therapy
●	therapy outcome	effectiveness of therapy

●	therapy outcome	not resolvable via therapy
●	therapy outcome	therapy was too short
●	view of going to therapy	expectations of therapy
●	view of going to therapy	feeling about going to therapy
●	view of going to therapy	going to therapy is a failure
●	view of going to therapy	going to therapy was a relief
●	view of going to therapy	his partner in therapy
●	view of going to therapy	how experience therapy
●	view of going to therapy	how partner viewed therapy
●	view of going to therapy	how therapy could have been better
●	view of going to therapy	partner more apprehensive about therapy
●	view of going to therapy	partners view about going to couples therapy
●	view of going to therapy	shame going to therapy
●	view of going to therapy	therapy equals death
●	view of going to therapy	therapy for when things really bad
●	view of going to therapy	therapy is a good idea
●	view of going to therapy	therapy is expensive
●	view of going to therapy	therapy is futile
●	view of going to therapy	therapy is hard work
●	view of going to therapy	therapy is training
●	view of going to therapy	therapy was a second honeymoon
●	view of going to therapy	therapy was training
●	view of going to therapy	unfamiliar territory
●	view of therapist	therapist was shocked
●	what a man is	Men as abusers
●	what a man is	men instigate sex
●	what a man is	provider
●	what a woman is	women today
●	who ended therapy	ending therapy
●	who ended therapy	therapy ended so partner could seek individual help
●	who they told about therapy	peoples reaction to hearing going to therapy

Appendix 7. Final coding overview

HomeImportCodesVariablesAnalysisMixed Methods

Smart Publisher

Codebook

Summaries with Coded Segments

Project Information

Overview of Coded Segments

Document System

Documents2,132

Interviews2,132

Oliver221

Jack206

Noah214

Jacob158

Charlie151

Harry161

James157

Thomas173

Lucas184

John231

Michael85

Theo191

Sets0

Code System

Code System2,132

Awareness276

Being a man200

being with me20

Care290

communication201

Not relevant to question766

Acceptatio Fati128

Space and Time251

## Appendix 8. Examples of researcher comments

Document name	Memo text	Begin	End
Int14	He almost went to help the relationship end - he was dubious	36	42
Int14	here he is aware of what he is doing and very controlling of the outcome and being hurt?	50	50
Int14	Humour	71	76
Int14	unfamiliar territory	84	84
Int14	His voice changes here - he is taking the piss - is this for me or him?	92	92
Int14	he is clear that he knows what he needed - invested, controlling, stacking the likely outcome?	102	102
Int14	he claps himself at this point - he is doing well - is this us bonding - is he acknowledging he is comfortable with me and that he feels equal?	114	114
Int14	clear that he wanted an active therapist, to be engaged, he needed more from the therapist than just talking - he wanted validating	120	120
Int14	He is aware here of the potential to be ganged up on, but he wanted validating, he thought his partner was so out of order that a female therapist would spot it and therefore support and validate him. somehow, he expected to be cared for	124	124
Int14	he wanted another woman to tell his partner she was wrong - he thought this would be more powerful for his partner than if a man did it, as a man would do that. HE IS MORE CONIVING/MANIPULATIVE OF THE SITUATION THAN PERHAPS THE THERAPIST OR HIS PARTNER GAVE HIM CREDIT FOR?	132	132
Int14	He is appearing to be deferring to manners rather than equalness per se. In the audio there is a sense of him playing the gentleman and the role that is expected of him. There is almost something flippant in the delivery, as if ladies first was said in a tone that had some form of 'it's always about the woman' mate - are you picking up on this signal? Are we colluding? The therapist explored who went first :-)	161	161
Int14	He did, to a degree, did what was expected of him. But she wanted firmer, clearer boundaries, they were playing gender role games, and she, according to him, acknowledges he should have put his foot down, he knows what he should have done (line 178) rather than playing roles, he should have said what was not acceptable to him.	168	174
Int14	When equality isn't equality = confusion	183	183
Int14	He wanted his partner to care about him and their relationship as much as he did.	224	224
Int14	His voice changes here and becomes sad, he wanted her to care enough to change and she didn't. See 242	230	230

Document name	Memo text	Begin	End
Int14	There is a sense of some LOYALTY when talking about his partner and therapist here. His big issue wasn't focussed on, he admits that, but he blames time (even though its private). As if he shouldn't expect better or his role is to explain and cope, even if he is missed. No sense of care towards him from partner or therapist - this is his lot - this is what he expects and what he gets. He went to a female therapist to get validated despite saying that the gender of therapist was not important. there is confusion as a theme and what he is also saying. There is lots of toing and froing. He sounds confident in his delivery - is this bravado? He tried his best but was let down by partner and therapist - he wasn't the go getter she thought he was, it was too much part of her value system that he should provide. He is deeply aware of the financial burden he is under. She is on benefits, if he moves in she will lose the benefits and he will have to make up shortfall as she has no intention of working - he describes her maternal excuse is 255 (the odd dichotomy of wanting to be mother, wanting to have a job, but then not wanting to work). There is no support for him, no care	226	242
Int14	This is a contradiction - culture, time, expectation, avoided	242	242
Int14	Courage - he took an active role in choosing the therapist and wanted to be able to say what needed saying but felt let down by the actuality. TEASED OUT - he didn't get what he wanted - he wanted an active therapist that would see what his partner was like, he wanted help confronting her behaviour and values - but he didn't get what he wanted, somehow, he got let down, and that's ok, that's what being him/a man is like fhp	267	267
Int14	this is massively important - his hopes	271	271
Int14	Survival and awareness.	273	273
Int14	he was ashamed of his finances, that he had relied so much on one contract, so he knew what would happen, he was insecure, he failed as a provider. Was this the actual reality or his view? No sense it was explored and it is what he is left with.	277	277
Int14	The long pauses here, allowing him to think, are essential and also appreciated by him. How can someone be given space in couples therapy if there is always another party there, particularly if the other party is garrulous.	304	304
Int14	this is a lovely thoughtful section where he describes masculinity and femininity - he had to be GIVEN SPACE TO DO THIS and he had to feel comfortable he could think out loud without fear of being laughed at. He is eloquent despite his only comments in 326 that he finds it difficult (but he does acknowledge that he can do it). Is it easier to communicate when no sexual attraction or fear of being judged?	305	328
Int14	contradictory tenses. His view of their relationship is from when he was a child?	366	366
Int14	dad didn't hold boundaries (and still doesn't from the change of tense in 366) - dad put up with it - this played out in participants relationships where he struggled to hold boundaries (partners ex-boyfriend) until he said enough is enough and his relationship with mother changed. Boundaries are playing out in parent's relationship, kids can't replicate them. It's hard to put foot down when you are in love, you feel insecure, and ex is on scene and you are confused between being pc and equal and her value system of man as provider.	376	376

Document name	Memo text	Begin	End
Int14	men being frightened of anger and shouting is never discussed. it features in this transcript and no 1 whereby mothers anger has made participants avoid conflict (other transcripts to). Is it hard for a man to say he is frightened of shouting - would he get laughed at in a group or with a therapist? is it socially acceptable or, because male is de facto aggressor, this phenomenon gets missed, further emasculating the guy? i am meant to be the aggressor but shouting and conflict frightens me.	378	378
Int14	SOME MEN NEED SPACE TO THINK IN THERAPY - ITS NOT A PERFORMANCE LIKE SEX	408	408
Int3	This is important as her position of victim, in his opinion, affected the choice of therapist. She refused a male therapist, wanting a woman.	26	26
Int3	past tense	30	30
Int3	This section is interesting as it is a man seeming to judge all men unfavourably. It is also interesting as it reveals that by having a female therapist, his partner is more likely to take feedback onboard as she would not be able to dismiss it as 'a man would say that'. The participant is secretly colliding with his partner here - it suits his agenda too.	38	38
Int3	His speech pattern changes significantly in this section. He takes time to think, hesitates, corrects, reconsiders. He tries to bat of questions in 70 but stays with it  Culturally being either male or female, or having sides which each are, is common among the verbatims. A blended view of gender is not present as normal - what is normal is to have sides and too much of either is a problem? Actually, for this participant, too much female is a problem for him and his partner?	65	72
Int4	His wife thought going to therapy was a stupid idea. Her persuaded her by telling her it had worked for a colleague of his after their kids had asked what the point of them was staying together. After research, they elected for Relate after finding private therapists to be expensive. His partner only went once he told her he was leaving - 50	37	37
Int4	Common theme seems to be that couples are encouraged to appreciate each other - this is a good example of how his awareness of his behaviour towards his partner changed as a result of therapy. There is no example in any of the verbatim, I believe, where the woman is encouraged to appreciate the man more	72	72
Int4	He only told people about going to couples therapy once it had been a success and not a failure. He had mentioned above that a colleague had been to couples therapy and it was a success, an argument he used to persuade his wife to go after he said 'I'm off'	92	92
Int4	therapy was better when they went back to it after a 3-4-month break - the emotion had dropped and his partner had ended her affair. can couples therapy work when emotions are so high?	101	102
Int4	he likes talking	128	128
Int4	as well as liking talking, this section indicates his family values - his relationship replicated his parents. The fact that his parents had a long and happy relationship made him feel a failure in his relationship + going to therapy exacerbated those feelings of failure	138	138

